FOR STATE

HEALTH DEPT

TO DEP MEDICAL E MINER: This certificate should be executed within 24 hours offer the lift only and should be executed within 24 hours offer the lift offer. Page execute certificate this she ward "pending" in pencil in Item, 18. Give Pages 1. And 3 to the latestor. Page 4 should be forward. To the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event filting 72 fours after death.

ATSME

C.E.HICKS 111

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	203£ WEDIC	AL EXAMINER S	CERTIFICA	Reg.	Dist. No. 1318
1. PLACE OF DEATH 6. COUNTY	Frederick	MARYLAND	O. STATE	Where deceased lived. If institution: Re b. COUNTY T	rederick
b. CITY OR TOWN and give negrest lov	(If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL	
Frederick		Life	// Fred	erick	
	ITAL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
East & S	econd Street	s	126 Eas	t Street	YES NO
3. NAME OF DECEASED (Type or print)	Marshall	William A:	llen Jr.	4. DATE Month OF DEATH August	Day Year 26 1961
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 18	DATE OF BIRTH	9. AGE (In years IF UND	ER TYEAR IF UNDER 24 HRS
M	C WIDO	WED DIVORCED []	May 22-193	9 22 yrs. Months	Doys Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work done 10	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote		TIZEN OF WHAT COUNTRY
General I	aborer	****	Frederi	ck Co. Md.	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Marshal	1 W. Allen S:	P.	Mildred	Johnson	
15. WAS DECEASED E	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
No		215-34-3443	Mildred Al	len-126 East St	Fred. Md.
Conditions, if gove rise to imm. (e), stating the cause tost.	ediate cause	purcham Jun Stota	Jarch C	hest.	minutes
PART II, OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN P	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20g. EXTERNAL CAPRIMARY-10 gr CO	AUSE WAS 206. DESC	RIBE HOW INJURY OCCURRED. (E.	nter noture of injury in Pos Chest	t I or Port II of item 18.)	
20c. TIME OF INJU	8/26106/ of	work ol work 2 /28	East St	moderick Fred	County) (Stote)
21. I certify	that I taok charge of th	e remains described above	ve, held an Autops	y 💢, Inspection 🗷, Inqu	uiry 🗹, and in my
opinion death	resulted fram: Natura	l causes . Accident [], Suicide [],	Hamicide A, Undetermined	d manner
ACTUAL SIGNATURE	Blohon	ras	_M.D. CHIEF MEDICAL E		DATE SIGNED
EXAMINER'S NAME (Type)	B.O. Thomas		DEPUTY MEDICAL		29,1961
REMOVAL (Specify	ON, 236. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or county	(State)
Burial	8-29-61	Fairview		Frederick, Ma	ryland
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24g, REC	DAY REGISTRAR 286. REGISTRAR'S	SIGNATURE

DATE P 5

161

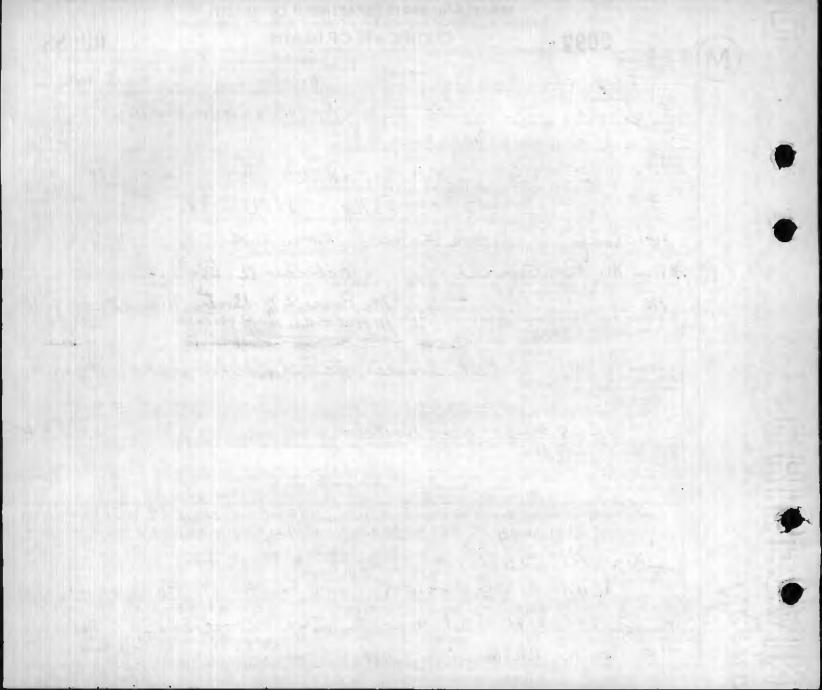
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Frederick, Maryland

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physician.

YLAND STATE DEPARTMENT OF HEALTH

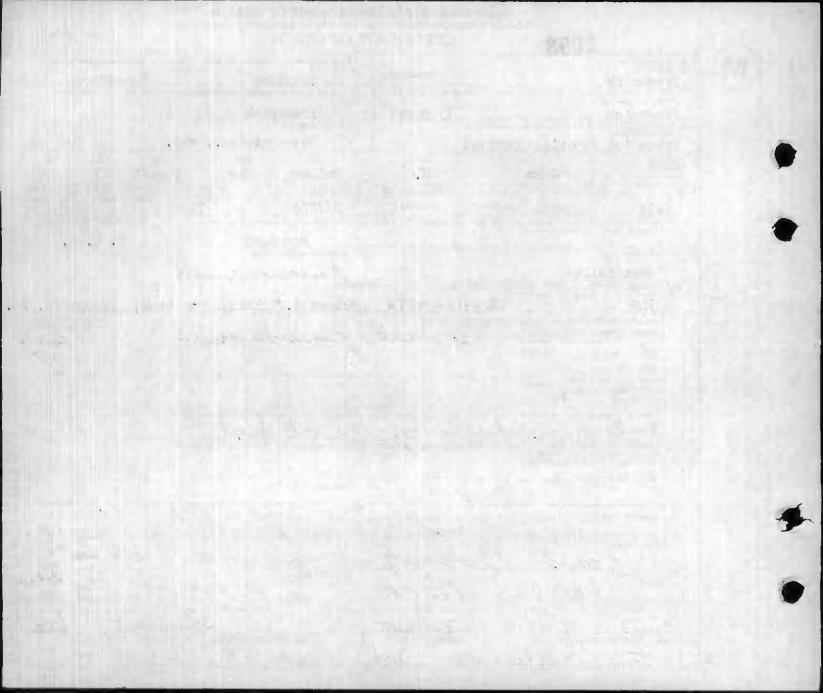


VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09089

	9098		CERTI	IFICA'	TE OF D	EATH				(19()	89
1. PLACE OF DEATH o. COUNTY Frederick	+		МА	RYLAND	a. STATE	far vla		lived. If institution b. COUNTY	977	nce befo deri		ion)
b. CITY OR TOWN (If RURAL and give nec		ts, write	LENGTH OF STA	AY IN 16	c. CITY OR	TOWN (IF o	outside corpore	ote limits, write R)
d. NAME OF HOSPITA OR INSTITUTION Frederick	Memorial			ys	d. STREET			ext.	1			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	John	SÎ .	Midd H.		Bol]		4. DATE OF DEATH	. Mon	th gust	7	,	Yeor 19 61
5. SEX Male	6. COLOR OR RACE.	7. MARRIEI	NEVER MAR		B. DATE OF BIRT	H 2/86	1	9. AGE (In years last birthday) 75 yrs.	Months	Days	Hours -	R 24 HRS. Min.
100. USUAL OCCUPATIO during most of worki	N (Give kind of working life, even if retired	done 10b. Kii	ND OF BUSINESS	OR INDUS	TRY 11. BIRTHP	Marvl		untry)		U. S		OUNTRY?
13. FATHER'S NAME ISSAC B	oller				14. MOTHER'S			with		<u> </u>		
15. WAS DECEASED EVER		ervice)	6-16-04		Rober	. A. S	chell.	Montey		Fra	deri	ek. N
Conditions, if on gave rise to in couse (o), sloting t lying cause last.	mediale DUE TO)		con	o jim		<u> </u>					Z
200, ACCIDENT WAS	ER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	rotu	NTRIBUTING TO E	192	eul;	rit	Post	-	'EN IN PA	RT 1(o) 1	PERFO YES	AUTOPSY PRMED?
20c. TIME OF INJURY Hour a.m.		While	Not while		ACE OF INJURY dory, street, office			or town)		(County)		(Stote)
21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAM'S NAME (Type)	(1) (this haspital ed alive an g	attended Z C	/ /	A that d	eath accurre ATTENDIN PHYS. 22d. ADDR	IG X M	M, fram t	STAFF PHYS. 3. 3. 3. 3. 3. 3. 3.			stated	we) last labove. b.DATE SIGNED
23a. BURIAL, CREMATION REMOVAL (Specify) BULLA L 24. FUNERAL DIRECTOR'S	8/10/	61	23c. NAME OF CE	metery o	R CREMATORY	250 050	23d. LOCATI	Jhurn Zharn 25b, REGI	ion	HIGHATU	(Stot	ud
2. Bartar	Walk	ersm	20	md		DATEAU			Chun S.			



FOR STATE TO DEPOTY MEDICALL EXAMINER: This certificate should be executed within 24 hou are death. If a play is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FuneRAL DIRECTOR: Page 3 should be used as a buriel-fransit permit. File pages 1 and 2 with the State Board of Heart, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

V5. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1.	1. PLACE OF DEATH a. COUNTY Frederick MARYLAND					e. STATE Maryland Maryland Maryland Maryland Maryland Maryland					
1	b. CITY OR TOWN (if write RURAL and g	ive nearast town)		c. LENGTH OF STAY IN Since 8/21/		A		porate limits, write -Rural R	***	giva nacrest town)	
TA-	d. NAME OF HOSPITA					d. STREET ADDRES	s agavill	8		ON A FARM?	
8.	NAME OF DECEASED (Type or print)	FANN	•	Middle	BURKE	Last Turk	4. DATE OF DEATE	Month H As	ugust	25 1961	
5.	Female			NEVER MARRIED	8. DA	Sept 1872			IF UNDER 1 Y	YEAR IF UNDER 24 HRS. Hours Min.	
	o. USUAL OCCUPATION of work House-world	ing life, even if relira	dl	t Home	USTRY 11.	BIRTHPLACE (SIO		ountry)		EN OF WHAT COUNTRY?	
13.	Father's NAME Frederick	Cline				MOTHER'S MAIDE					
	WAS DECEASED EVER		arvica)	None		RMANT Pearl E.	Fisher	Address (Same a:	s item	#2)	
		WAS CAUSED BY: MEDIATE CAUSE (a) DUE TO	Cer	ebral Hemoreration of			to Skul	l & Brai	n	INTERVAL BETWEEN ONSET AND DEATH 4 days	
ATION	gava rise to immediate (e), stating the und cause last. PART II. OTHER S	erlying DUE TO		RIBUTING TO DEATH BU	T NOT REL	ATED TO THE TERA	MINAL DISEASE	CONDITION GIVI	EN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO X	
CERTIFICATION	20s. EXTERNAL CAU PRIMARY 10 or CON CAUSE OF DEATH.			e how injury occuri down steps			Part I or Pert II o	of item 18.)			
MEDICAL	8 Hour 200K p.m.	8-21 19 6	_ While	Not Whila et work	PLACE OF fectory, st Hom	INJURY (Home, farest, office bldg., e	rm, 20f. (Cit	ty or town) ville-Fre	(Count ederic	k-Maryland	
	21. I certify the death resulted from ACTUAL SIGNATURE			Accident X	, held ar Suicide [Autopsy, Homicide CHIEF MEDICA	Inspection e, Ur	M Inquiry	× X _	and in my opinion DATE SIGNED	
-	EXAMINER'S NAME (Type)	B. O. The	mas, M	. D.			AL EXAMINER	بعد	8-26	-61	
220	BURIAL, CREMATION REMOVAL (Specify) Burial	8-28-61		2c. NAME OF CEMETER Mount Olive				rick, Ma	_	(Steta)	
23	M. R. Etc.	nison & So	n, Fre	derick, Mar	yland		MG 2 9 '6	TRAR 246. REGI	STRAR'S SIG		

REMOVED THE THE PARTY OF THE PROPERTY OF THE PARTY OF THE THESE WEDICK STAMBERS SUTTENCED TO SERVICE SECTION STATES LANA A SECTION AND A SECTION AND A SECTION AND A SECTION AND ASSECTION ASSEC , married and the same of the and the second second To and the second secon TONIBUS GRALLING Committee was a full of the state of the state of Washington Water Street the annual of the barren of the state of the Bend to relative to the property of the proper the same of the sa designed to the first operation of the control of t

CERTIFICATE OF DEATH 9100 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND death. b. CITY OR TOWN IIf autside carparate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town). should d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS NAME OF DECEASED Middle 4. DATE Lost Month DEATH (Type or print) 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED [DIVORCED [10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE/(Stote or foreign country) during most of warking life, even if retired) offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO. 17. INFORMANT Address 2 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** á Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause tast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a. m. While Not while of work at work 21. I certify that I attended the deceased from alive an and that death accurred ADDRESS (Street, cibe ACTUAL SIGNATURE DIREC shauld PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Q 23. FUNERAL DIRECTOR'S SIGNATUR ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4)

Reg. Dist. No.

Day

Doys

Months

e. IS RESIDENCE YES NO Z

Hours

INTERVAL BETWEEN

12. CITIZEN OF WHAT COUNTRY?

Year

YES NO (County) (State) That I last saw the deceased M. Aram the causes and an the date stated above. DATE SIGNED 22d. LOCATION (City, town, or county) (Stotel 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Crithur S. There

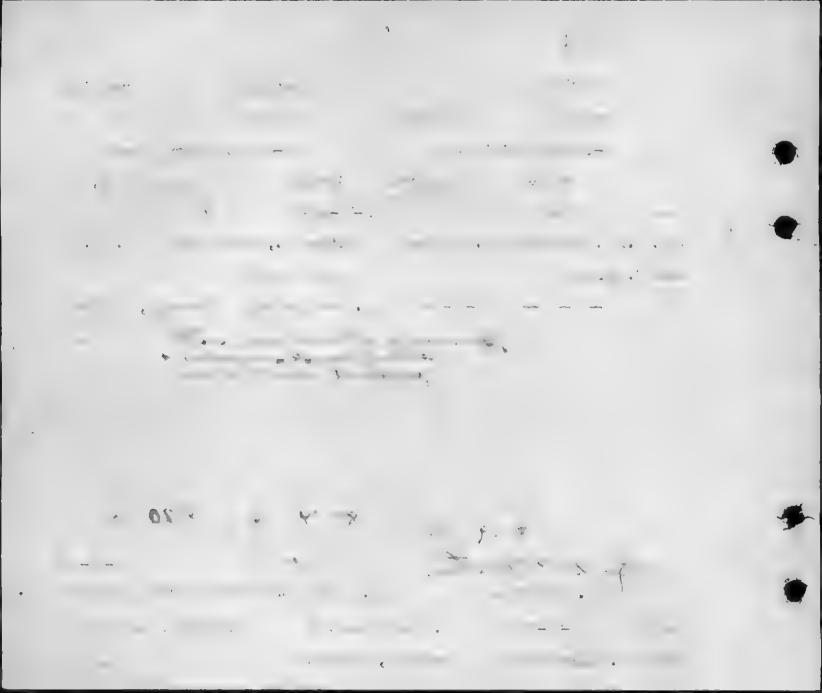
The second of th THE PART STATE OF Total or of the 100 200

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should, thin 24 hours after 1. 2 the dath dath death. Page 4 may be refuned by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remover carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in app even, within 72 hours after deg d. 3. 5. 10a. done 13. 15. (Yas MEDICAL CERTIFICATION 23a. 24 VR A15 (4) Robert B. Dalley & Son arthur B. Stance Frederick, Maryland DATE UG 2 2 '61 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

a Oa Oa

.,							1130	コン
LACE OF DE	EATH				RESIDENCE (Whera		utioni Residence bel	ore edmission)
COUNT	Frederic	k	MARYL	a. STATE	Maryland	b. COUNTY	Fraderid at	م
CITY OR TO	WN (if outside corpo	prate limits,	c. LENGTH OF STAY		R TOWN (if outside co	rporete limits, write RUI	AL and give neeres	
WILLS NOW	Frederic		50 years		Frederick			
NAME OF H			ospilel, give straat addres		ADDRESS			IS RESIDENCE
	LOUIS COM	dle Mandani	Chanad	9	Louis dans	h Manhad G	1	ON A FARM?
AME OF	49-1 300	th Market	Middle	Last	4. DATE	h Market S	treet 1.15	Yaar
POP or print)	2.0	_			OF			
		lvin	Augusti		angu	August	20,	19 61
EX	8. COLOR C	7. MARR	ED NEVER MARRIED	B. DATE OF BIR	I H	9. AGE (In years IF U	nths Days Hou	NDFR 24 HRS.
ale	Whit		ED DIVORCED	□ 14-314-38;	39	72 yrs.		
	UPATION (G've kind of working life, ever		KIND OF BUSINESS OR	NOUSTRY II. BIRTHPL	ACE (County & State, o	or fore'gn country)	12. CITIZEN OF WH	AT COUNTRY?
			. Employee	Adam	s Co., Perm	sylvania	U.S.A.	
ATHER'S NAT	ME	•		14. MOTHER	S MAIDEN NAME		mgrs	
dam C.	Carbaugh			Anni	Wagaman			
			SOCIAL SECURITY NO			Address		
no, or unkow	n) (If yes give we ror			l	Cambanah		Manuellana	
O TOTAL	OR DESIGN II	<u></u>	12-05-0813	Mrs. Emma	Cert. partigu	Frederick		L BETWEEN
	DEATH WAS CAUS		line for (e), (b), end (c)			' G/L3		ND DEATH
FAKI I	IMMEDIATE C	AUSE (a)	enerally	d'artino	clivoero	meth _	\ 4	Mean
	.'X'	DUE TO	Cott	d'artino	was acce	clant +		4
Conditions, if	eny, which	(b)	ne	upheral o	souter a	lineson		
	nmadiata dause	DUE TO		0				
e), sterring r	he underlying	(a)						
PART F. C	THER S GNIFICANT	CONDITIONS CO	NTR BUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIVEN I		
		****					YES I	ERFORMED?
O- ACCIDEN	NT WAS UNDERLYIN	IC F 30h DI	SCRIBE HOW INJURY O	CCHOED (Enter net tra	of Injury in Part Los Part	t II of item 18 1		110 121
OR CONTRIBU	ITING [] CAUSE OF	DEATH	SCRIBE HOW HOOK! O	CCONED. (Eliver Persons	J (11 0 .) 11 1 0 . 1 0 . 1 0 .	11 0 70 11 12 7		
	OTIFY MEDICAL EXA							
2Dc. TIME OF Hour a		Dey, Year 20d Wh:	INJURY OCCURRED	De, PLACE OF INJURY factory, street, offic		ity or town)	(County)	(State)
	p.m. '		ork al work					
1. L certi	fy that (I) (this	hospital) afte	nded the deceased	from S-1	4 196/ 1	. 2-10	1961., that	(I) (we) last
	eceased alive or	- 100 - 1	a / .	d that death occu				
22e. SIGNAT				la the death over				22b. DATE
	1 V	m	-	ATTENDI PHYS.	MED. DIRECTOR	STAFF PHYS.	9-07-3	SIGNED
Ze. +HYSICI	De 10	11-1.00	nun	M.D. PHYS.		□ -mis. □ _	8-21-1	YOT
NAME ((Time)	w Mandda			O North Mar	hat Street	Bredeni	ck 161
		x Martin						
BURIAL, CRE EMOVAL (Sp	EMATION, 236. D	ATE THEREOF	23c. NAME OF CE	METERY OR CREMATOS		CATION (City, town o		(Stete)
urial		3-1961	Mt. 011:	vet Cemeter		rederick, M		
HNERAL DIRE	CLOR'S SIGNATUR	E	ADDRESS			ISTRAR 256. REGIST		



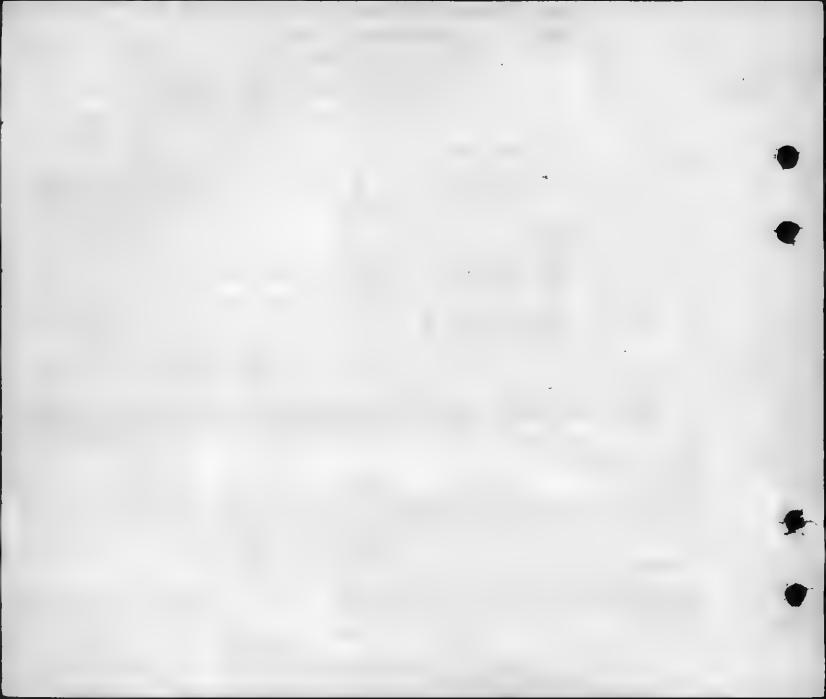
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9103 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY _ b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 5 29 d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS 6. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO Z NAME OF Middle 4. DATE Month durent (Type or print) DEATH 1961 9. AGE (In years lost birthday) 3 yrs. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days WIDOWED Z DIVORCED . 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 /BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) our 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMÁNT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) rectastation PART I. DEATH WAS CAUSED BY: worze. DUE TO of clusterday color Canditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🖼 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s. PLACE OF INJURY (Home, farm, 20f (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not white of work of work Cherment 1 21. I certify that I attended the deceased from 1997 that I last saw the deceased and that death occurred a 12:15 AM, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

24g, REC'D BY REGISTRAR

DATE AUG 4

24b. REGISTRAR'S SIGNATURE

0 15M 9/55



TO HOS

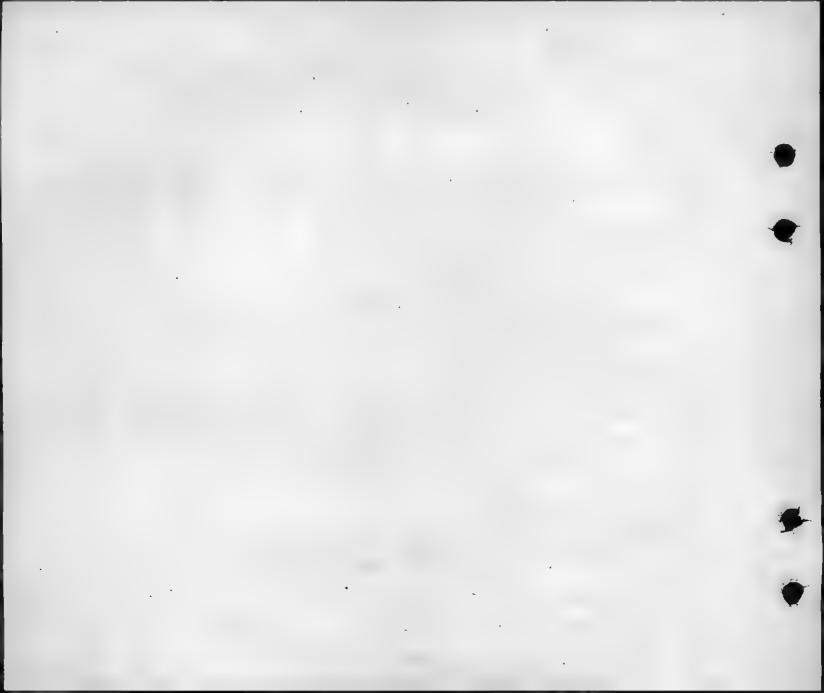
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

BURGA

0.2.0.0			00004
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased fixed, If institute a. STATE b. COUNT)	
FREDERICK	MARYLAND	MARYLAND	FREDERICK
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	CITY OR TOWN (If autside carparate limits, write	RURAL and give nearest tawn)
d. NAME OF HOSPITAL (if not in haspital, give street	A FEIII 2	d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION	adordas	L. SIRLEI ADDRESS	ON A FARM?
3 NAME OF First	. Middle	Last 4. DATE Ma	
DECEASED (Type or print) //BBY	JAMESON	COLSON DEATH AL	196/
S SEX 6 COLOR OR RACE 9 MARK		B. DATE OF BIRTH JULY 16 - 1876 9. AGE (In years last birthday) \$5 yrs	
10a. USUAL OCCUPAT ON (Give kind of work done 10b.			12 CITIZEN OF WHAT COUNTR
during most of working life, even if retired) HOUSE WIFE	WN HOME	WEST VA.	IICA
3. FATHER S NAME		14. MOTHER'S MAIDEN NAME	
JAMES M JA	MIESON	BARBARA BRITT	ON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [Yes no, or unknown] Ill yes, give wor or dates of service	SOCIAL SECURITY NO. 17. IN	and teal a comment	dress
NO	TONE 101	HN COLSON ROCKY KI	OGE MU
18 CAUSE OF DEATH Enter only one cause per in	ne far (a), (b), and (c) }		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	sekral Yu	mirus	12 day
DUE TO	KUTOUN		+ 10
Garditians, if any, which gave rise to immediate DUE TO	SITICUL		- Loups
lying cause last.			
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION G	VEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Part II of item 18.)	
3 20c TIME OF INJURY Month, Day, Year 20d. II		ACE OF INJURY (Hame, farm, 20f (City or town)	(Caunty) (Sta
20c TIME OF INJURY Month, Day, Year 20d. II Haur a. m. While p. m. 19 of war	Nat while dat wark □	clary, street, affice bldg., etc.)	
27 I certify that (1) (this haspital) attend	ded the deceased fram	1959 19 10 8-2	5_, 196/, that(1)(we) io
saw the deceased alive an 8-24 -6	<i>!</i> -	leath accurred at 37.M. from the causes a	
22c Signature	There.	ATTENDING MED STAFF	22b DATE
22c PHYSICIAN'S NAME (Type)	bout	12d ADDRESS 14 West. Mainlife	There went her
170111113 /7	SPOVE	1/1/1/19	IUWIUN IND
236 BUR AL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, town,	or county) (State)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS)	2Sa REC'D BY REG STRAR 2Sb, REG	ISTRAR'S SIGNATURE
1) D Hastolaria Seria 7	Terre Illiand	ALLO O DIA	arthur I Kneek



MARYLAND STATE DEPARTMENT OF HEALTH



ADDRESS

M. R. Etchison and Son, Frederick, Maryland

Frederick

Deys

TISA

(County)

August 4.

Orthog & Frank

250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

., 19 (a.f., that (I) (we) last

Maryland

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO X

> > (Stele)

22b. DATE

1961

(Stele)

e. IS RESIDENCE ON A FARM?

YES NO T

19 61

H VR A15 (4) 15M 9/

Burial

24 FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

MANGO

4 35		CERTIFICATE OF DEATH
lirector, ed with	1	PLACE OF DEATH a. COUNTY 7 C d Puick MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY b. COUNTY
the second of th		b CITY OR TOWN (If outside corparate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)
the fur d	Decrease of the control of the contr	
ya nin by	1 3	NAME OF First No.
y filled y filled ages I death.		OFCEASED (Type or print) Pearl May Garber DEATH August 28 1961
d within	5	
d con	10	dyring most of working life, even if refired)
cian and cia	1	B. FATHER'S NAME
certific ng physi removerent, wi	1 110	S WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address
the attendir Then please and in any	A ICN Zachaviah Burrier III Bu	18 CAUSE OF DEATH {Enter only one course per line for (o), (b), and (c) } PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Generalized Carcinomatosis Due to
requires tho on. signed by sit permit. or removal,		gove rise to immediate DUE TO
physicial beer id-tran	15	YES NO
IAN: TI ending ficate h the bur al, crem		
PHYSIC of ar att his certificate os to buric	A CACA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. 20e no.m. 19 of work of work 19
No.		
A ATTEI d by the ECTOR oe deto of Hea		22b. DATE 22b. DATE
AL DIR		
may be page 3 s page 3 s the State	2	BURIA., CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote)
0 E 0 0 E	2	4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D RY REGISTRAR 256, REGISTRAR'S SIGNATURE 250. REC'D RY REGISTRAR 256, REGISTRAR'S SIGNATURE
15M 9/59		J.C. Barton, Walkersville, Mg. DATE arthur & though

ARYLAND STATE DEPARTMENT OF HEALTH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, If institution; Rasidance before admission) a. COUNTY a. STATE **b.** COUNTY by the fand 2 Frederick Maryland Frederick MERYLAND b. CITY OR TOWN (If outside corporata I mits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town! Frederick Frederick 1 Dav pe d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. 15 RESIDENCE ON A FARM? YES NO XX 619 Magnolia Avenue Frederick Memorial Hospital 3. NAME OF 4. DATE Middle DECEASED OF (Typa or print) DEATH 1961 MAUDE SARAM GARDNER August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) | Months Days and WIDOWED T DIVORCED January 28, 1891 Female 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & Stata, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) physici USA Domestic At Home Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding Millard F. Lease, Sr. Fannie G. Danner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) ((Ifyasgive war or detes of service) Mrs. Edith L. Staley. Same as Item #2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND/DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gava risa to immadiata causa DUE TO ,a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa PERFORMED? NO F 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) LIF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED . 20a, PLACE OF INJURY [Homa, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year Not While factory, streat, office bldg., atc.) While Hour a.m. at work al work 21. I certify that (I) (this hospital) attended the deceased from 1961, to 9-15-, 1961, that (I) (we) last saw the deceased alive on. 8 - 15 and that death occured an 1904, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. FUNERAL 1 PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) North Market St., Frederick, Maryland Rex R. Martin, M.D. 230, BURIAL, CREMATION, 236. DATE THEREOF | 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stata) Maryland REMOVAL (Specify) Frederick. ಡಿಕ್ ದ್ವ Burial Mount Olivet Cemetery REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) M. R. Etchison & Son, Frederick, Maryland 15M 9/60 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidance before admission) a. COLINTY b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, tial LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Frederick-Rural RD#7 Since 9-6-56 Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Chronic Hospital 12 East Third Street YES NO X 3. NAME OF 4. DATE Midd e Month DECEASED OF 1961 (Typa or print) DEATH TDA BELLE GETZENDANNER August 6. COLOR OR RACE TO MARRIED THEYER MARRIED AGE (In years | IF UNDER 1 YEAR S. SEX IF UNDER 24 HRS. last birthday) Months Days Hours FEMALE Jan 1864 WIDOWEDYY DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) At Home House-work USA Lewistown, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Ramsburg Hannah Cronise 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (Ifyas give war or dates of service) Miss Mattie S. Ramsburg (Same as item #2) None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE ,a) DUE TO Conditions, if any, which gave rise to immediate causa **DUE TO** (a), stating the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOWARJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., alc.) Not While Hour a.m. at work at work

20c. TIME OF INJURY

21. | certify that (1) (wie hospital) attended the deceased from. saw the deceased

19.6. and that death occurred 8:30PM, from the Quises and on the date stated above. ATTENDING 22b. DATE IGNED

STAFF

PHYS.

22a. SIGNATURE M.D 22c. PHYSICIAN'S NAME (Type)

22d. ADDRESS N. Market St., Frederick, Md.

DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) Mount Olivet Cemetery

23d. LOCATION (City, town or county) Frederick, Maryland 1961

(Stafe)

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cirthur S. Frank DATE AUG 7

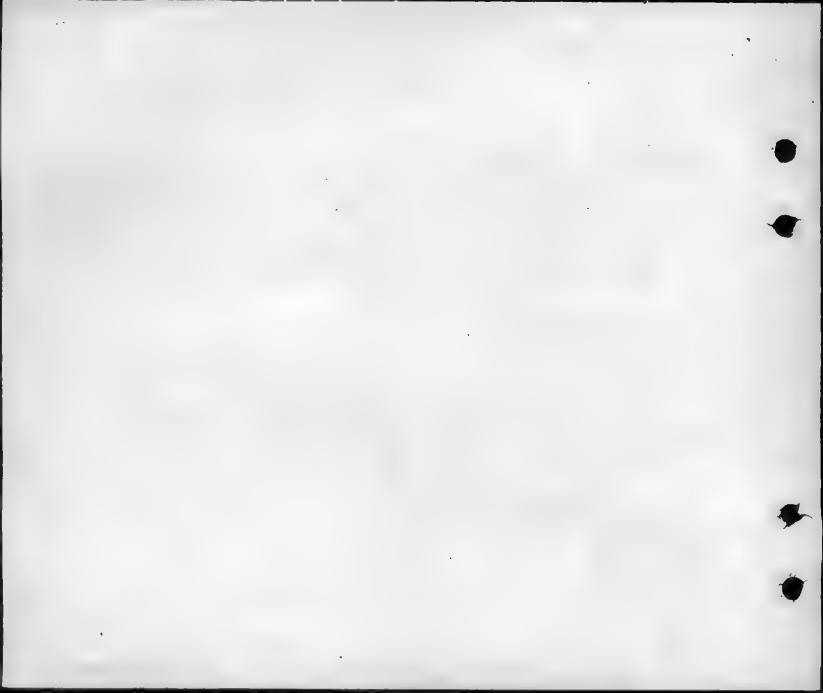
24 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland

H. F. Kline. M.

0 A15 (4) 15M 9/60



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(State)

director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission Fled o. STATE **b.** COUNTY MARYLAND Frederick Maryland Frederick CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ RURAL and give nearest town) should Frederick weeks Kevmar d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 20 YES NO TO Frederick Memorial Hospital and NAME OF 4. DATE OF First Middle Year Month Day DUBBATIO Pages (Type or print) DEATH 19 61 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) Months Haurs DIVORCED [WIDOWED 1 86 yrs. 10a. UŠUAL ŌCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 2 GDG during most of working life, even if retired) Farming Maryland U.S.A pan Laborer 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 8 James A. Hahn Unknown remaye IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 213-01-3184 Mrs. Silas Kline. Kevmar. please INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH DEATH WAS CAUSED BY DUE TO maval. permit. Conditions, if any, which (b) gave rise to immediate cause (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS! YES NO 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of stem 18.) certificate 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or lown) 20d INJURY OCCURRED Doy, Year (County) foctory, street, office bldg., etc.) MEDI Hour o. m. While Not while of work ot wark [p. m. 19 (that (i) (we) last 21. I certify that (I) (this haspital) attended the deceased from 😅 detached 19.6% and that death accurred a M. from the causes and an the date stated above. saw the deceased alive an 220. SIGNATUR 22b DATE ATTENDING PHYS pe D M.D DIRECTOR PHYS 22c PMYSICIAN'S 22d ADDRESS 3 should NAME (Type) page 3 sh the State 23a BURIAL CREMATION, 23b. DATE THEREOF 23d LOCATION (City, town, or county) 23c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Keymar, Carroll, Maryland Haugh's Cemetery Buria Sept. 24 FUNERÁV D RECTOR'S/SJONAŤJRE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Cithun & Kines & Son Tanevtown, Maryland DATE Fuss

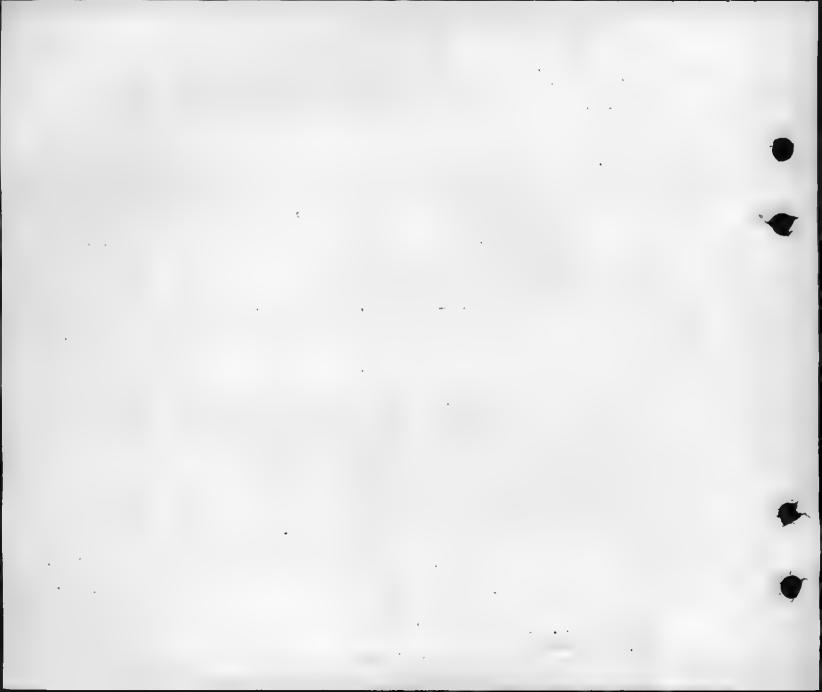
funeral

Ξ filled puo physician attending the ò gned has been

FUNERAL DIRECTOR:

After

9 VR A15 (4) 1SM 9/59



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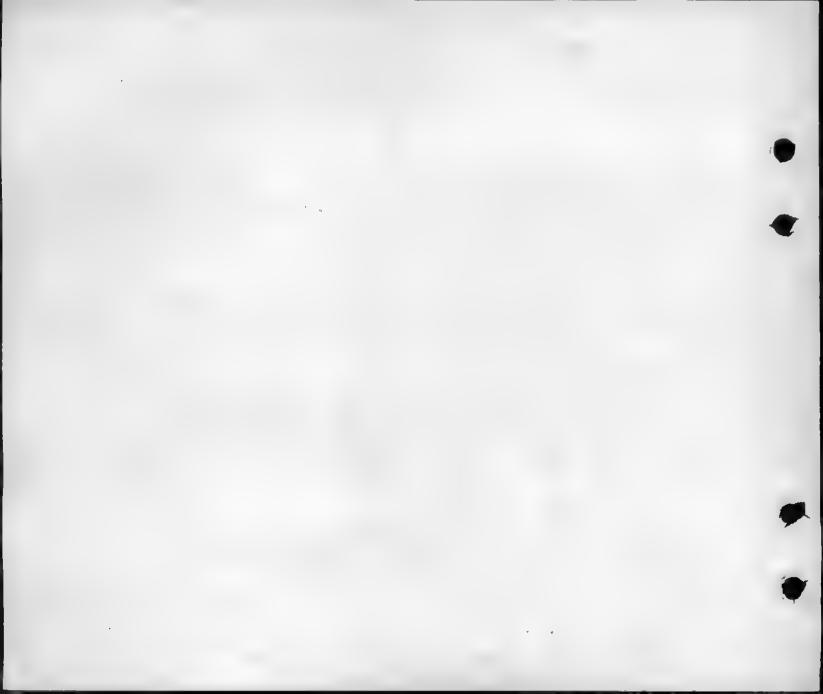
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERT			

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1. PLACE OF DEATH	-116				USUAL RESIDENCE (Who	era deceased	lived. If institution	n. Residence be	fore admissi	or)
Frede	rick		MARYL	AND	Marylan	ıđ	B. COUNT	Reserved y	Fred	erick
b CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN	N 1b	c CITY OR TOWN (If or	utside corpor	ote limits, write RL	JRAL and give n	earest town	}
Rural Em	mitsburg		30 years	3	X Rural	Emmits	burg			
d NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street	address)		d. STREET ADDRESS				e. IS RESI	DENCE FARM?
					Route #	1				№ □
3. NAME OF DECEASED	Fir	st	Middle		last	4. DATE OF	Mont	h i	Day Y	Year
(Type or print)	Ida		Emma		Hahn	DEATH	August	31	1 و.	961
5. SEX	6 COLOR OR RACE	7 MARE	IED NEVER MARRIED	8. D	ATE OF BIRTH	5	AGE (In years last birthday)	IFUNDER TYEA		
Female	White	WIDOWI	DIVORCED		Feb. 4, 19	80	53 уп.	Months Days	Hours	Min
On USUAL OCCUPAT	ION (Give kind of work in rking life, even if retired)	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE (State of	ar foreign cou	untry)	12 CITIZEN	OF WHAT C	OUNTRY?
Housewo			Own Home		Penna.			U.S.	A.	
3. FATHER'S NAME	1	*		1	MOTHER'S MAIDEN N	AME				
Charles	Jacobs				Sarah Ly	le				
5. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17 INFO	RMANT		Addr	835		
No	(if yes, give way or liques or a	or vica,	None	Mr.	Luther Hahn	, Rout	te #1, En	mitsbur	g, Ma	rylar
	immediate DUE TO	Co	ronanj	y 0	1 c.c/usi	ion	<i>J</i>	01	ITERVAL BET NSET AND 2-hov	DEATH
Š		Obe	15141		T RELATED TO THE TERMIT			EN IN PART 1(o)	PERFO	AUTOPSY RMED? NO
Z% TIME OF INJU-	IRY Manth, Day, Yes	20d 11 While at wor	Not while	Oe. PLACE factory	OF INJURY (Home, farm, , street, affice bldg., etc.	20f. (City	ar town)	(Count	у)	(Stote)
saw the deced	at (1) (this haspital		led the deceased for 1961, and the control of the c		ATTENDING ME		He causes and		te stated	
22c PHYSICIANS NAME (Type)	Dwight Bi		23c NAME OF CEMET	TERY OR CI	22d. ADDRESS 204 H	Main	Sty Way	Kaesbo	vo, i	Par
REMOVAL (Specify Birial	Sept. 2,	196			metery		ville, V			,
Stetin	& Son	Ta	nevtown. Ma	rvlan	_			Inthun S. S.		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, if institution; Residence before admir on) funeral director. Page tained for your files. Page a. COUNTY is necessary, e. STATE **b.** COUNTY Frederick Maryland Frederick MARYLAND h. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m Is, write RURAL and give nearest town) write RURAL and give neerest lown] Frederick 40 Minutes Frederick-Rural-R.F.D.#7 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) A d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Frederick Memorial Hospital State Shookstown YES NO K 3. NAME OF Middla Last 4. DATE Month Year death. If and nd 3 to the f DECEASED OF the (Typa or print) SHERMAN JENKTNS. HAMILTON 30. DEATH August 61. 19 8 with 6 COLOR OR RACE 7. MARRIED ANEVER MARRIED 5. SEX B. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 with 5 may d 2 wi hours last birthday) Months pue Days Hours November 28.1888 Male White WIDOWED [DIVORCED I in Item 18. Give Pages 1, 2, ong with form PM3. Page 5 nosit permit. File pages 1 and in any event within 7 th 10a USUAL OCCUPATION IG valking of work 10h, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratified) Orleans County, N.Y. Retired Doctor of Dentistry This certificate should be executed within 24 hour USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME T. Thomas Hamilton Lillian. Jenkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17 INFORMANT Address (Yes, no, or unkown) ((Ifyesgivewarordatesofservica) "in pencil in Item 18 Office along with 19 burial-transit permit Mrs. Helen O. Hamilton-Same as Item #2 No 18. CAUSE OF DEATH [Enter only one cause par I no for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RUPTURED ANEURYSM of AORTA. ARTERIOSCL. Hr. IMMEDIATE CAUSE (a) DUE TO ATHEROSCLEROSIS OF THE AORTA Conditions, if any, which (b) gave rise to immediate cause "pending" N O DUE TO (e), sleting the underlying ease execute the certificate, writing the word "pendin should be forwarded to the Chief Medical Examiner PUNERAL DIRECTOR: Page 3 should be used as its designated area? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES XX NO 20a EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of fastry in Part if or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Steta) Not While factory, street, office bldg., atc.) Hour a.m. While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy KA. Inspection KX Inquiry XX and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** B. O. THOMAS. M.D. NAME (Type) Address (Street, city, fown, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Spacify) ö Burial Sept. Mount Olivet Cemetery <u>_</u> Frederick. Maryl and 23. FUNERAL DIRECTOR 248, REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE SEP 5 - Tun & Kinus M. R. Etchison & Son. Frederick. Maryland 5M 7/59



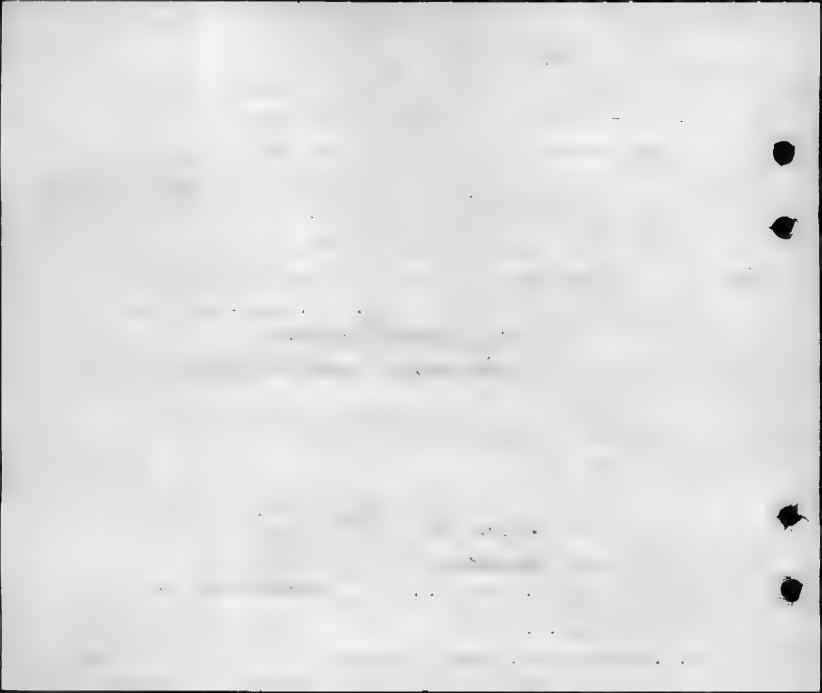
15M 9/60

MANYLAND STATE DIFARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

$\backslash =$					
	PLACE OF DEATH				But on: Residence before edmission)
4	Frederick	MARYLAND	•. STATE Maryland	b. COUNTY	Frederick
-	b CITY OR TOWN (if outside carparete I mits,	c. LENGTH OF STAY N 16	c. CITY OR TOWN (If outside	THE PARTY OF THE P	
Fr	rederick - Rural - RD6	Years	Frederick - Ru	and DD6	
	d. NAME OF HOSPITAL OR INSTITUTION (If no		d. STREET ADDRESS	rat - who	. IS RESIDENCE
1		to the apirot, alve alleet education			ON A FARM?
	Near Frederick		Near Frederic		YES X NO
	NAME OF Free DECEASED	M ddle	Last 4 DA'	TE Month	Day Year
	(Type or print) RUSH	FLOYD	HARMON DEL	August	30 1961
5.	SEX 6. COLOR OR RACE 7		. DATE OF BIRTH	9. AGE (In years If	UNDER I YEAR IF UNDER 24 HRS.
	76 9		nmah 15 7977	lest birthdey) M	lonths Days Hours Min.
100		106 KIND OF BUSINESS OR INDUSTR	arch 15, 1877	84 yrs.	12. CITIZEN OF WHAT COUNTRY?
do	ne during most of working life, even if retired)	***		s, or lovergir country)	1
	tired Farm Owner	Farm	Virginia		USA _
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Hezekiah Harmon		Serena Doro	eas Cole	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES	7 16 SOCIAL SECURITY NO ! 17 1		Addrass	
[74	s, no, or unkown) ((fyesgive wer or dates of service No		s. Ada G. Harmon	- Samo ac d	itom #2
= -	18. CAUSE OF DEATH [Enter only one cau		o. Aua o. narmon	- Danie as 1	L DOWN 1/ C
	PART I, DEATH WAS CAUSED BY:		1 /		CONCER AND DEATH
	IMMEDIATE CAUSE (a)	pryo caround	efaction condi		form_
	DUE TO	241. 12		, , -	many
	Conditions, if any, which (b)	ithrosclerotie	Cardio voscul	ar depead	ageare
	gave rise to immediate cause				0
	(a), stating the underlying couse rest.				
2	PART II. OTHER SIGNIFICANT CONDITION	S CONTR BUTING TO DEATH BLT NO	T RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN	IN PART I(a) 19. WAS ALTOPSY
2	n 4 .				PERFORMED?
CA		necessaria			AEZ NO 🛪
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part I or P	ert II of tem 18.)	
1 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL		20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, ' 20f.	(Cily or town)	(County) (State)
AEDI	Hour e.m.	While Not While faci	ory, street, office bldg., etc.)		
~	p.m. 19		Aread 100 7	Alex 30	106/ 4-1 (1) (-> 1-1
	21. 1 certify that (I) (this hospital)		1907,	100	, 19 62, that (I) (we) last
	saw the deceased alive on.	199(, and that	death occured at MM, f	rom the causes an	d on the date stated above.
	220. SIGNATURE	7 /	ATTENDING MED	STAFF	22b. DATE SIGNED
	Curest U. All	tttam M	.D. PHYS. DIRECTOR		Cel 31/60
	22c. PHYSICIAN'S		22d. ADDRESS	7.11. 7	, , , =
	NAME (Type) Ernest A. D	ettbarn M.D.	Walling	relle, Tu	1.
234	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 123d. 1	OCATION (City, Iown	or county) (State)
	REMOVAL (Specify)				Per a a a
_	Burial Sept. 3, 1			yth County	Virginia
1	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			
M	. R. Etchison and Son,	Frederick, Maryla	and DATE SEP 5	'61 On	thun S. Krause



M.R. Etchison & Son. 106 E. Church St. Frederick. Md. DATE

ON A FARM?

NO T

(Stata)

226. DATE

(Stata)

SIGNED

Yaar

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VR A15 (4) 15M 9/60



0 2 2 0	CERTIFICAT	L OI DEATH		110 7,18
1. PLACE OF DEATH O COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution.	Residence before admission)
Frederick	MARYLAND	o. STATE Mar	yland b. COUNTY	Frederick
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RURA	AL and give nearest town)
Frederick	9 days	Thurm	ont	
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION 1991)	oddress)	d. STREET ADDRESS	0.1	e. IS RESIDENCE ON A FARM?
Frederick "emorial Hos	spital	/ Cente	r Street	YES NO X
3. NAME OF DECEASED (Type or print) Fairy D:	ill Middle	enning	4. DATE Month OF DEATH A 49 G	2 P 196/
	IED NEVER MARRIED B		lost birthdoy)	UNDER I YEAR IF UNDER 24 HR
Female White WIDOWE		Dec. 1, 189	2 68 yrs	
100 USUAL OCCUPATION (Give kind of work done during at a giving ife, even if retired)			**	12. CITIZEN OF WHAT COUNTRY
	ivate Homes	,	inia	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
John H. Long			Wilhelm	
15. WAS DECEASED EVER IN J S ARMED FORCES? 16. (Yes, no. or unknown) [If yes give war or dates of service]	7 - 10 - 17	ormant Orge Hennin	Address Ig Thurmon	
IB CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (c)	/		INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	livelyal /	Hemand	rege	2 his
+ L+) DUE TO		0 0	0 0.	
Conditions, if ony, which) (b)	y herenne	Chroliva	ascular dise	ana 10-yra
gove rise to immediate couse (a), stating the under		1 0		
tying couse lost (c)	rome neg	phressel	vis	10 ms
PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUT NG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	PERFORMED?
20g. ACCIDENT WAS UNDERLYING 1 20b. DESC	CRIBE HOW INJURY OCCURRED	(Established of Jaluary in S	Part I or Part II of Jam 19)	YES NO
OR CONTRIBUTING CAUSE OF DEATH	KIBE HOW INJURY DECORRED	(Enter noture or injury in t	off for form to free (8)	
= 1	foul	CE OF INJURY (Home, form ory, street, office bldg, etc.	20f (City or town)	(County) (State
While p. m. 19 While at work	THO WHILE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
21 I certify that (I) (this hospital) attend	ed the deceased from	lug 19 19	61, 10 aug 28	, 19.61, that (I) (we) las
saw the deceased plive on decay of			M, from the courses and	on the date stated above
220 SIGNATURE	Chase N	ATTENDING ME	ED. STAFF RECTOR PHYS	aug 22b. DATE SIGNE
22< PHYSICIAN'S HEARY V.	ChaseM	D 4E.Ch	urch St F	rederickA
23a BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR		23d LOCATION (City, town, or o	
Burial Aug. 30, 196		ge Cemtery	Thurmont, I	Md. Fred. Co
24 DUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 2Sb. REGISTR	RAR'S SIGNATURE
aumond to Willand	Thurmont	Md DATE	Carl	Thun 8 to



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND funeral CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town should the d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION, 25 Rederic eMc NAME OF 4. DATE Lost Manth filled DECEASED (Type or print) DEATH S SEX 6. COLOR OR RACE MARRIED THEYER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS fast birthday) Months WIDOWED | DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking ife, even if retired) Marvland pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200 physician .⊆ Minnie Naille Russel Hoffmand event with remove 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes. no or unknown VES Mrs. Joyce Hoffman, Middletown, Md. attending lease 1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), COTONARY Thrombosis ᇻ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gued gave rise to immediate DUE TO cause (a), stating the underlying couse last. burial-transit een PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 39 WAS AUTOPSY attending 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20e PLACE OF INJURY (Home, farm, 20f, (City or town)

MEDICAL 20c. TIME OF INJURY Hour o. m.

Doy, Year

20d. INJURY OCCURRED While Not while at work at work

1961

factory, street, office bldg., etc.)

and that death accurred at 120 from the causes and an the date stated above

(County)

_, 19.6./., that (1) (use) last

(State)

PERFORMED? YES NO

e. IS RESIDENCE

Day

ON A FARM?

YES NO Z

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

21 I certify that (1) (this hospital) attended the deceased from 15 alleg saw the deceased alive an / S 22a SIGNATURE

22c PHYSICIAN'S

NAME

ATTENDING PHYS. M.D. 22d ADDRESS

DIRECTOR [PHYS.

23d LOCATION (City, fawn, or caunty)

(State)

22b. DATE SIGNED

23a BUR AL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) ouria

Company,

23c. NAME OF CEMETERY OR CREMATORY Cemeterv

Mversvi 25a REC'D BY REGISTRAR

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Middletown.

Md.

256 REGISTRAR'S SIGNATURE Crithur S. Kraus

VR A15 (4) 15M 9/59

FUNERAL DIRECTOR:

2

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page the Sto



CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY b. COUNTY by the land 2 seed death. Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits e LENGTH OF STAY IN 16 write RURAL and give neerest town) Rural Middletown Rural Middletown .5 * 72 hours after vears Pages pal" d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospite,, give street address) completely papers. 3. NAME OF M. ddla Last 4. DATE Month DECEASED OF (Type or print) 8 DEATH Harriet Holter carbon 5. SEX 6. COLOR OR 7. MARRIED NEVER MARRIED pue lest birthday) female WIDOWED TO event. D. VORCED 10a. USJAL OCCUPATION (Give kind of work Гетоме 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRT IPLACE (County & Sta or fore an country) done during most of working life, even if reffred) physi housewife own home 13. FATHER'S NAME please 14. MOTHER S MAIDEN NAME aftending Cornelius Harley Narcissus 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17 INFORMANT Then Address (Yes, no, or unkown) ; (If yes give wear or deles of service) Willard S. Holter. no none g physician, signed by th 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) the burial-transit burial, cremation **DUE TO** Conditions, If any, which (b) gave risa to immediate cause DUE TO (a), stetling the underlying has cause lest. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 10 2 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18. (IF EITHER, NOTIFY MEDICAL EXAMINER) After 4 may be remned by DIRECTOR: After 3 should be detached 20c. TIME OF INJURY | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Yeer 20f. (City or lown) factory, street, office bldg., etc.) Not While While el work at work saw the deceased 22a. SIGNATURE -MAED STAFF ATTENDING DIRECTOR PHYS. PHYS. FUNERAL 1 ector, page 3 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type Middletown, Md. Elmer or, be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 0.58 Reformed Cemetery liddletown. H 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Company, Middletown.

VR A15 [4] 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

USUAL RESIDENCE (Where deceased I yed, If institution, Residence before edmission) Fraderick c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) . IS RESIDENCE ON A FARM? YES NO Desc 9. AGE (In years IF UNDER 1 YEAR I IF UND Months Deys 12. CITIZEN OF WHAT COUNTRY U.S. Middletown, Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO

(County)

(Slete)

194. ..., that (I) (we) last

.6.1, and that death occurred at 3...M, from the causes and on the date stated above. 22b. DATE

SIGNED

(Stata)

DATEAUG

arthur S. Kross



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MARY	LAND STATE	DEPARTMENT	OF HEALTH
			BALTIMORE 1, MARYLAND
DIVISION OF 317		AND RECORDS —	· ·

	CERTIFICATE O	F DEATH	09170
1	1. PLACE OF DEATH Q. COUNTY O. ST	AL RESIDENCE (Where deceased lived. If institution: Residence	e befare admission)
`	FREDERICK	MARYLAND 6. COUNTY FRE	DERICK
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CIT RURAL and give nearest tawn)	TY OR TOWN (If autside corporate limits, write RURAL and gi	ve nearest town)
ļ	LIBERTY TOWN YEARS X	LIBERTYTOWN	
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	TREET ADDRESS	e. IS RESIDENCE ON A FARM?
	MAIN SI.	MIHIN SI	YES NO
Í	3. NAME OF DECEASED.	tost 4. DATE Month	Day Year
	(Type or print) S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE O	DE BIRTH 9 AGE (In years IT UNDER I	YEAR IF UNDER 24 HRS
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF		Days Haurs Min.
ı			EN OF WHAT COUNTRY?
ı	during most of working life, even if refired)	MARVIAND	11 PA
ı	13 FATHER'S NAME 14. MO	OTHER'S MAIDEN NAME	1011
١	SHERMAN BICCUS H	ATTIF RHINE	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN	Address	· · · · · · · · · · · · · · · · · · ·
	[Viss. No. or unknown] (If yes, give wer or dates of service) 217-30-5463 HELEN	V GREEN LIBERTYTOU	UN MD
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY: ARTERIOSCIEROTIC	Heart Disease	YEARS
	LI I I DUE TO		J
	Canditians, if any, which (b)		
	gave rise to immediate cause (a), stating the under-		
	lying cause last.) (c)		
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter n	about 1 Port Lat Part II of item 18)	YES NO
	OR CONTRIBUTING CAUSE OF DEATH	latione of injury in Post 1 of Post in at them 18.7	
	So others other	NJURY (Hame, farm, 20f. (City or town) (C et, affice bldg., etc.) !	aunty) (State)
	Haur a. m. 19 White Not white of wark at wark		
	21.1 certify that (I) (this haspital) attended the deceased fram. 2(19	160 12 , to 8/18/6/ , 19	, that (I) (we) last
	saw the deceased alive an 8/5/6/19 , and that death ac	coursed a LEPM, from the causes and an the	
	220 SIGNATURE	TENDING MED STAFF	225, DATE SIGNED
	A.Dr. Carica & MD PHY	YS. DIRECTOR PHYS	8/19/6/
	NAGIS (Type) J. H. CARICO FE	UNION BRIDGE, Md.	
	230, BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMAT		(State)
1	BURIAL AUG-21-1961 OLDFIELDS	FRE DERICK (co MD
1	24 FUNERAL DIRECTOR'S SIGNATURE	2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIG	MATURE
·	DD Harbor Tsone Febertistown M	a DATEAUG 22 '61 Orthur &	Trave



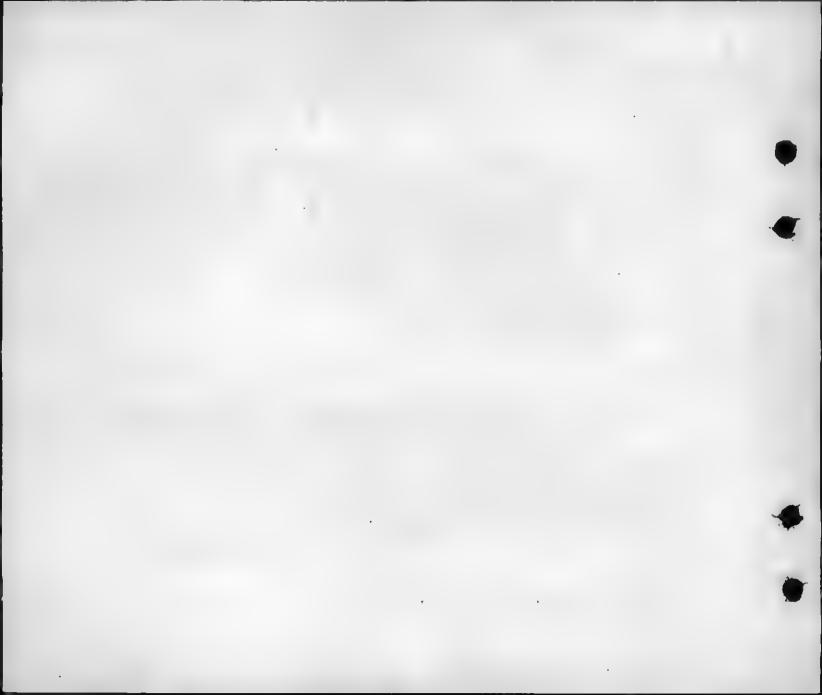
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9120

CERTIF	ニアムモ	OF	DEATH
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Reg. Dist. No. 3111

, i	1. PLACE OF DEATH O. COUNTY Frederick	RYLAND	2. USUAL RESIDENCE (Where deceased lived .and	l. If institution: Residence b. COUNTY Fred	before odmission) erick
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	AY IN 16	c. CITY OR TOWN (I	f autside corporate li	mits, write RURAL and gi	re nearest town)
	FREDERICK 35	y Rec	FRED	ERICK		1
b.	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	-	1. 1	e. IS RESIDENCE
P			160 K	45/ 1-A7	771CK ST	YES NO Z
		dle YE Y	Huffer	4. DATE OF DEATH	August	14 19 61
	5 SEX 6. COLOR OR RACE 7 MARRIED THEVER MA	RIED 🔲	B DATE OF BIRTH	9. AG	a la la state de la constante	YEAR IF UNDER 24 HRS
	Tomas Tours	CED 🗍	Fing. 4, 1	893 6	, \$ yrs	oys Hours Min.
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES during most of working life, even if retired)	OR INDUS	STRY 11. BIRTHPLACE (SIO	le or foreign country)		EN OF WHAT COUNTRY
	HOUSWIFE!		MARYL	AND	2	'5 A
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	4 1	1
	170MAS COURINE	_/	1/VARY	ANN	HANK	6N .
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) (# 0 1) E	10 17. H	NFORMANT	AMEBIER	Address PEID	EPICH ML
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and	[c]]		1		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY. Pour out	; de	is to perfor	type bits	ie ulcer	ONSET AND DEATH
	DUE-TO	E	4		0	
ı	Conditions, if ony, which) (b) procured	, 01	nth sente	hand -	foelen	10 doup.
	gave rise to immediate cause (o), stating the under					
	lying cause lost. (c)					
	PANY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO			MINAL DISEASE CON	IDITION GIVEN IN PART	(a) 19. WAS AUTOPSY PERFORMED?
				fifillety		YES NO
	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m. p. m. 19 While Not while of work of work	20e. PLA	ACE OF INJURY (Home, for story, street, office bldg., e	m, 20f. (City or too	rn) (Co	unty] (State)
	E p. m. 19 of work of work					
	21. I certify that I attended the deceased from.			august 14	, 19.67 that I lo	st saw the deceased
	alive an august 13 , 19 61 , and th	ot death	occurred at 1230	A_M, from the	causes and on the	date stated above
				ADDRESS (Street, c	ity or town, stole)	DATE SIGNED
	SIGNATURE Traling gondina	/	M.D. 810	Toll	House Ave	8/15/61
	PHYSICIAN'S Nelson G. Goodman. M.	D.				, ,
	220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF C	METERY OF	R CREMATORY	22d LOCATION (City, lown, ar county)	(State)
	REMOVAL (Specify) AUG 17-61 MT 4	31,	VET	FREL	ERICK	MD
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	/ .	240 RE	D BY REGISTRAR	24b. REGISTRAR'S SIGN	
1	tirumen to toasles & Miller	ch 1	21 C/ DATE	WE ZI VI	Cirthun 2. 1	tenue

VS A15 (4) 15M 10/57



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased I ved, if institution: Residence before admission) e. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) Frederick 47 Years Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS a. 15 RESIDENCE ON A FARM? DOA Frederick Memorial Hospital 1000 Rosemont YES NO 3. NAME OF A DATE Month Year DECEASED OF (Type or print) DEATH GEORGE METATN JACOBS August 1961 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthdey) Months Hours Male White 26 Sept DIVORCED WIDOWED [100. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? County & State, or foreign country) Bona during most of working life, even if relired) Foreman-Machine Shop Fort Detrick USA Frederick, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George E. Jacobs Mabel I. Heim 15. WAS DECEASED EYER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unkown) [(If yes give wer or dates of service) 214-10-2741 Mrs. Louise G. Jacobs (Same as item #2) 16. CAUSE OF DEATH [Enter only one cause per one for (e), (b,, and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geva rise to immediate causa DUE TO (a), slaling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY PERFORMED NO ø. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 2Dd. INJURY OCCURRED | 200, PLACE OF INJURY (Home, ferm, 1 (County) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (State) factory, streat, office bldg., etc.) Not While Hour a.m. al work et work 21. | certify that (I) (this hospital) attended the degeased from...... and that death occurred at 40AM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE ATTENDING STAFF SIGNED K PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Jefferson, Maryland T. Brice. M. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, lown or county) REMOVAL (Spacify) 8-12-61 Mount Olivet Cemetery Frederick, Maryland

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

Circhay S. Krans

AUG 11 '61

.E - 6 filled in Pages completely within carbon and remove physicia please affending certificate CIOR death. Page 4
TO FUNERAL 1
director, page 3
be filed with the ន្ទុំភ្ន VR A15 (4) 15M 9/60

funeral should

by the and 2 death.

Fi.

24 FUNERAL DIRECTOR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland



PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) Frederick b. COUNTY rederick MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate l'arils, write RURAL and give nearest town) c. I ENGTH OF STAY IN 16 write RURAL and give neerest town) Frederick days Frederick e. IS RESIDENCE d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO 7 Frederick Memorial 412 Middle St Hospital 3. NAME OF M ddle 4. DATE Month Dev Yeez DECEASED William DEATH 8 1961 (Type or print) Raymond Jones 6. COLOR OR RACE 7. MARRIEDEN NEVER MARRIED 5. SFX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER T YEAR) IF UNDER 24 HRS. lest birthday) Doys 1-10-1901 event, ale WIDOWED [DIVORCED IDe. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY 1Db. KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (County & State, or fore on country) dona during most of working life, even if retired) Loudon Co Virginia laboror construction 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Jennie Pollard Edward Jones 15. WAS DECEASED EVER N U.S. ARMED FORCES? | 16. SOC AL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (If yas give war or detes of service) -10-0255 Lillian V. Hamilton r'rederick, Md 18. CAUSE OF DEATH [Enter only one cause per ins for (a), (b), end (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: ulmonary Tuberculosis IMMEDIATE CAUSE (6) DUE TO Conditions, if eny, which geve risa to immediata causa **DUE TO** (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY NO PERFORMED? Bron dual NO Y | 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.) 2De ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Df. (City or fown) (County) 20c. TIME OF .NJURY 20d INLURY OCCURRED . 20e, PLACE OF NJJRY (Home, farm, Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work al work p.m. 1960, to . Aug. 17., 1961, that (I) (we) last yet Ly 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on...... 22b. DATE SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S TO For (State) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF Burial (Specify) Virginia Lucketts, Va Lucketts 250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE AUG :2 3 Frederick, Md C.E. Hicks 111

MARYLAND STATE DEPARTMENT OF HEALTH

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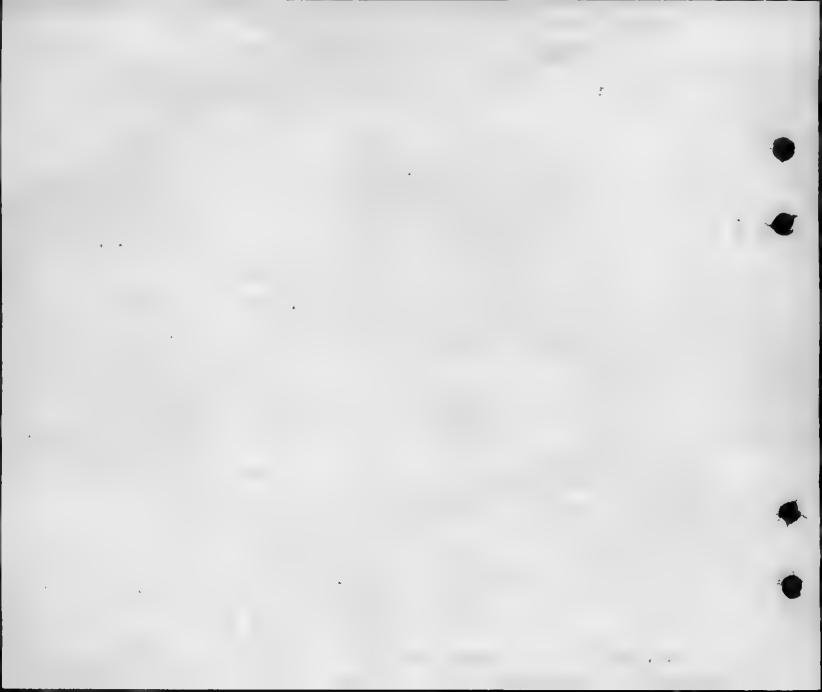
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	- 1019 13	CERTIFICA	IE OF DEATH		00774
1	PLACE OF DEATH FREDERICK MER a. COUNTY FREDERICK	MARYLAND	2 USUAL RESIDENCE (Who	ere deceased lived If institution. b COUNTY	Residence before admission) PEDERICK
4	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	LIFE	1. =	utside corporote limits, write RUR	AL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION FREDERICK MEM	oddress)	d. STREET ADDRESS	AVE.	e. IS RESIDENCE ON A FARM? YES NO 6-
1	NAME OF DECEASED (Type or print) First TO // N	Middle LEWIS	KEHERMAN	4 DATE Month OF DEATH AUGUS	19 5 19 5
\$	SEX 6 COLOR OR RACE 7. MARR MALE Call WIDOWE	7	30 Jan. 1		FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
10	o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BETHPLACE (State of	1	12. CITIZEN OF WHAT COUNTRY?
13	John W. Ketter	- 1112 u 2261	14. MOTHER'S MAIDEN DE	AME CORA SU	isher
1\$ (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 164 15. no or unknown) (if yes, give wor or dates of service)	CHALLES COUNTY DOS 17 IN	FORMANT TO TE	Rd Hag	Irstound
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Candillons, if any, which gave rise to immediate	MYOCADI ASHD,	AL IN-fo	arction utension	INTERVAL BETWEEN ONSET AND DEATH
_	lying cause last. DUE TO		0/		
CERTIFICATION	Part II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVEN	VIN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO
	20a, ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in P	ort I or Port II of item 18.)	
MED CAL	20c TIME OF INJURY Month, Day, Year Haur a.m p m. 19 While at worl	Not while foc	CE OF INJURY (Hame, farm, tory, street, office bldg., etc.	, 20f (City or town)	(County) (State)
	21 I certify that (I) (this haspital) attends sow the deceased alive an Education Signature		eath accurred at SP		an the date stated above.
	Stoirie	· .		D. STAFF	SIGNED
	22c. PHYSICIAN'S NAME (Type) Dr. Jean R.	Posterx_Poirier	22d ADDRESS BOLTELL	House Ave, FR.	EBERICK MD
23	REMOVE PROPERTY)	23c NAME OF CEMETERY OF	CREMATORY	23d LOCATION Cay, town, ar	county) (State)
24	FUNERAL DIRECTOR'S SIGNATURE	recuestle	Pa DATE ALL	C 4 + 7C1	RAR'S SIGNATURE

may be retained by the his, it are attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Page of Health priar to burial, cremation or removal, and in any event, within 72 hours after death. PHYSICIAN: The law requires that the death certificate be exe DR ATTEND

TO HOSPI

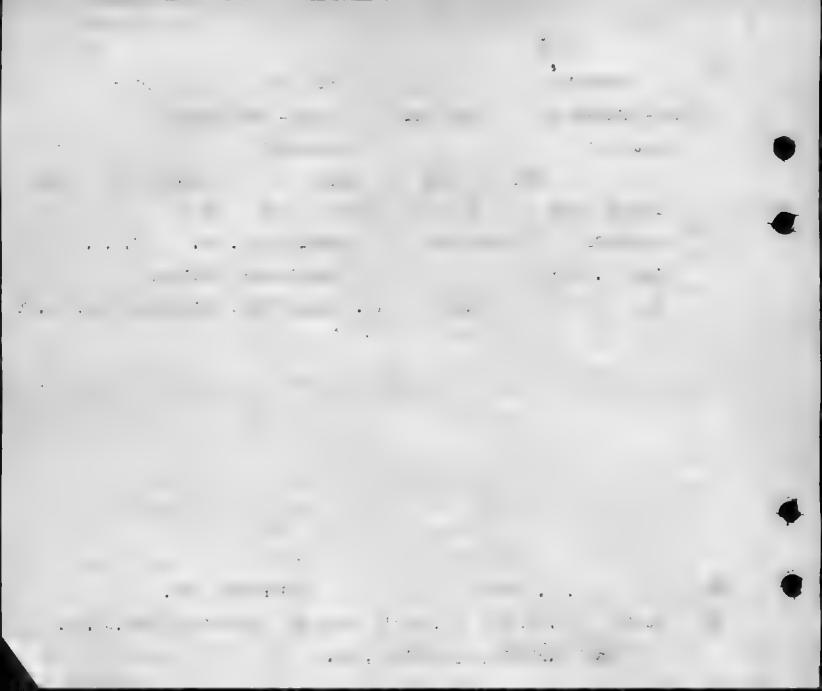
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after death. Page 4

within 24 h



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Frederick Frederick MARYLAND Maryland 후 2 년 부 2 년 by the c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Rural-Smithsburg 50 years .⊑ Rural -Smithsburg bg d. NAME OF HOSP TAL OR INSTITUTION (if not in hospila, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES 📆 NO Route Route 3. NAME OF Middle 4. DATE Day Month Year DECEASED OF (Type or print) DEATH MAR 1961 August 5 SEX IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years HF UNDER 1 YEAR 7. MARRIED [NEVER MARRIED lest birthdey) Hours Months Deys WIDOWED O D VORCED Mav 100. USUAL OCCUPATION (GIVE KIND OF WORK 11. B RTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife U.S.A. own home Frederick Co. Md. 13. FATHER'S NAME I 14. MOTHER'S MAIDEN NAME antending ph Then please Simon P. Kuhn Amelia Ann Harrison 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO | 17 INFORMANT Address oval. [Yes, no, or unkown] | (Ifyesgivewerordetesofservice) Mrs. Gladys Smithsburg. Toms. Md. Rt. 1B. CAUSE OF DEATH [Enter only one cause per ine for (e), (b), and (c)] ONSET AND DEATH DEATH WAS CAUSED BY baub IMMEDIATE CAUSE (a)-DUE TO Conditions, if eny, which gave rise to immediate cause (a), steting the underlying e has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS AUTOPSY PERFORMED? NO C 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of tem 18.) ል After 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Dev. Year fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR: 19/1 1/10 22, 1962, that (1) (we) last 21. I certify that (i) (this hospital) attended the deceased from saw the deceased alive on ATTENDING 22a SIGNATURE MED. SIGNED DIRECTOR Jeath. Page 4 Sirector, page 3 Se filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) G. A. Kohler Smithsburg. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e, BURIAL, CREMATION, | 23b. DATE THEREOF REMOM å å o å St.Mark Lutheran Wolfsville, Fred. Co.Md. H 25e, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) DATERUG 2 5 61 15M 9/60 Bittle. Myersville. Md. Chilling S. Hours



MARYLAND STATE DEPARTMENT OF HEALTH

DIAISI	OF STATE	BIICAL KESI	AKCH	ANU	KECOK	ע –	DAL
125		CERTI	FICA	ATE	OF	DE	ATH

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73			
	1	PLACE OF DEATH a. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institut on Residence before admission) o. STATE Maryland b. COUNTY derick
		b CITY OR TOWN (If outside carporate limits, write RURA, and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Frederick 4 days	Frederick //
		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 6 IS RESIDENCE ON A FARM2
(0	F	Frederick Memorial Hospital	25 East Third Street
		NAME OF DECEASED (Type or print) (The Test of The Test of The Test of The Test of Test	1 Och DEATH (Les 19 19 61
	5.	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In lears IF UNDER 1 YEAR IF UNDER 24 HRS AGE In lears Months Days Hours Min Months Months Days Hours Min
	M	ale White WIDOWED DIVORCED	July 18,1883 78 Doys Hours Min
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12.CITIZEN OF WHAT COUNTRY?
	C	ivil Engineer Retired	Frederick, Maryland U.S.A.
-	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
T)		David Kolb	Caroline V.Sawyer
	15	an an arrangement of the state of a second of the state of a second of the state of	NFORMANT Address
		Tes. WW #1 UNK. M	iss Alice Kolb 25 East Third St.Frederick, Md.
		18 CAUSE OF DEATH [Enter only one couse pen line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0)	art Tacher
		DUE TO 7	1 10 11 11 3 days
		Conditions, if any, which) (b) Lewise Green	is ocherotic years Disease
		gave rise to immediate cause (a), stoting the under:	14 1 100
		lying couse lost. (c) with comple	Heart Block
	CATION	PART II ONTOR SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART 100 PAR
C	CERTIF	200 ACCIDENT WAS UNDERLYING TO 200 DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I or Port II of item 18.)
	₹		ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)
	MEDICAL	Hour o. m. While Not while of wark of wark	clary, street, affice bldg., etc.)
		21 I certify that (I) (this hospital) attended the deceased from	aug 16, 1961, to aug 19, 1961, that (1) (we) last
		saw the deceased alive on lug 19 196/, and that a	death accurred a AM, from the causes and an the date stated above.
		220. SIGNATURE	ATTENDING MED. STAFF SIGNED PHYS.
1		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
/		A.A.Pierre M.D.	Vrederick ha
1	230	BUR AL CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY C	OR CREMATORY 23d LOCAT ON (City, Town, or county) (State)
		Burial 8/21/61 Mount Olivet	Cemetery Frederick.Md.
4	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
H	M.	R.Etchison &Son, 106 E.Church St.Freder	ick, Md. DATE WE 2 2 '61 arthur & trans

VR A15 (4) 15M 9/59



IARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY e. STATE b. COUNTY Frederick by the land 2 s death. Frederick MARYLAND b. CITY OR TOWN (if outs'de corporete limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest own) write RURAL and give nearest town) Life Frederick Frederick Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address d. STREET ADDRESS Frederick Memorial Hospital 13 East Second Street 3. NAME OF M dala DECEASED OF MARY CHRISTINE LAMPE (Type or print) DEATH August carbon 5. SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In your IF UNDER ! YEAR ! and 89 vrs. Months Female White July 1872 WIDOWED [DIVORCED [10e. USUAL OCCUPATION (G.va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physicia done during most of working life, even if retired) Retired-Manager Department Store Frederick. Maryland TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Christian L. C. Lampe plei Mary E. Babel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17 INFORMANT Address (Yes, no, or unkown) (Ifyasgive war or detes of service) Miss Mary E. Rhoads (Same as item #2) None 18 CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c) My yorardial Infaction arterio selenti Heart Desion PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), sleting the undarlying causa lest. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) R: After detached 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) factory, street, office bldg., etc.) While Not While Hour a.m. al work at work DIRECTOR:
3 should be de 21. I certify that (!) (this hospital) attended the deceased from J-/9. 22e. SIGNATURE ATTENDING STAFF D RECTOR PHYS. PHYS. FUNERAL, rector, page 3 22d. ADDRESS 22c. PHYSICIAN'S Thomas E. Stone, M. D. 4 W. 3rd St., Frederick, Md. 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 8-23-61 Mount Olivet Cemetery ० है क Frederick, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland AUG 2 3 '61 arthur S. Kraus

 IS RESIDENCE ON A FARM?

YES NO KX

IF UNDER 24 HRS.

20, 1961

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO IX

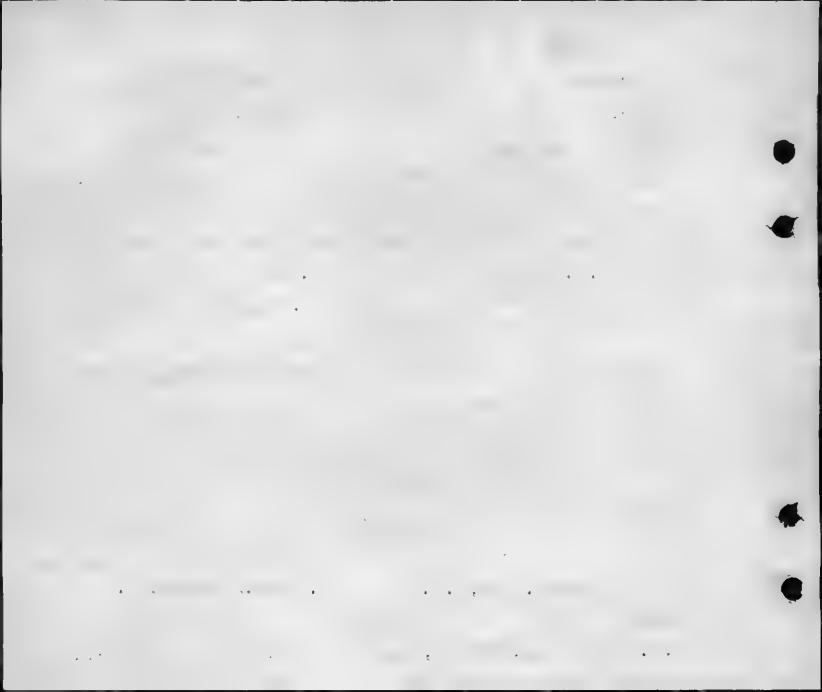
> > SIGNED

22 Aug 1961

Days

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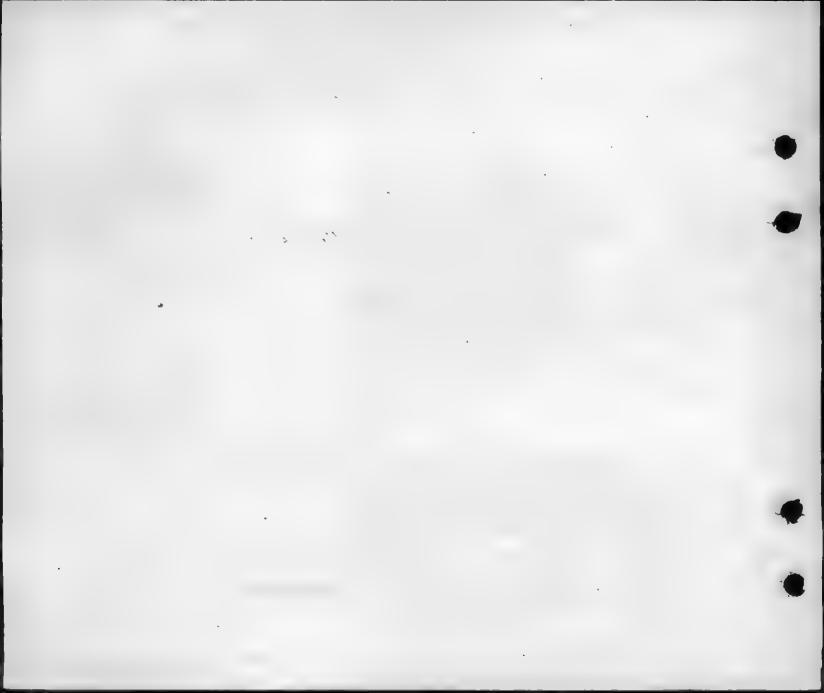
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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)		COUNTY TARdence K	> MARYLAN	II A STA	RESIDENCE (Whe		If institution: Reside	PERICK	on)
	Ŀ	CITY OR TOWN (If outside corporate lin RURAL and give nearest town)	mits, write c. LENGTH OF STAY IN	ib c. Cit	Y OR TOWN (IF OU	tside corporate lin	nits, write RURAL and	give nearest lown)	
4		d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION - TRIBLE & Prins	give street oddress)	d. St	REET ADDRESS			e, IS RESI ON A YES [FARM?
		NAME OF DECEASED (Type or print)	First Middle	Lu	ST Los!	4. DATE OF DEATH	Month		9 ()
	S. S	Le marke it fute	7 MARRIED NEVER MARRIED WIDOWED DIVORCED		F BIRTH	9 AG lost	E (In years) IF UNDE birthday) Months		Min H
	10a.	. USUAL OCCUPATION (Give kind of work during most of working life, even if retire	k done 10b, KIND OF BUSINESS OR IN	DUSTRY 11. B	RTHPLACE (Slote o	r foreign country)	12, CI	TIZEN OF WHATCH	OUNTRY?
)	13.	FATHER'S NAME	at	14. MO	HER'S MAIDEN N	ME	Larr	,	
		WAS DECEASED EVER IN U. S. ARMED FO , no or unknown; (If yes, give wor or dates of		7 INFORMANT	LUST,	KNOXV	Address 1 L L E, N	PRYLAN	D
		1B. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY/ IMMEDIATE CAUSE (DUE To Conditions, if ony, which)	10 Frematin	ty				INTERVAL BET	WEEN DEATH
	CATION	gove rise to immediate couse (a), stating the <u>under-lying couse last</u>	` *	BUT NOT RELA	TED TO THE TERMIN	IAL DISEASE CON	DITION GIVEN IN PA	ART 1(o) 19. WAS A PERFO	RMED?
2	CERTIFICATION	20g ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enler n	oture of injury in P	ort I or Port II of i	tem 18)		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Y Hour o. m. p. m.	While Not while	PLACE OF IN foctory, street	JURY (Home, form, , office bldg., etc.)	20f. (City or tov	rn)	(County)	(State)
		21. I certify that (I) (this haspite saw the deceased alive an 8	al) attended the deceased from 1961, and the	at death act	NDING ME	~	auses and an th	EL, that (1) (vine date stated # /24	
1		PHYSICIAN'S NAME (Type) KENDETA	HENSON	1/2	ADDRESS ZEDERIC	K, M	ARYL A	NO	
	BI	BUR AL CREMATION 236. DATE THERE 8-1-190	61 REFORM	Y OR CREMAT		KNOXU	City, town, or county	Nd.	•)
	24	FUNERAL DIRECTOR'S SIGNATURE B. Kee G. Secte, E.	BEUNSWICK MARY	LAND	25a REC'D	BY REGISTRAR 5 '61	25b REGISTRAR'S	S. Kings	
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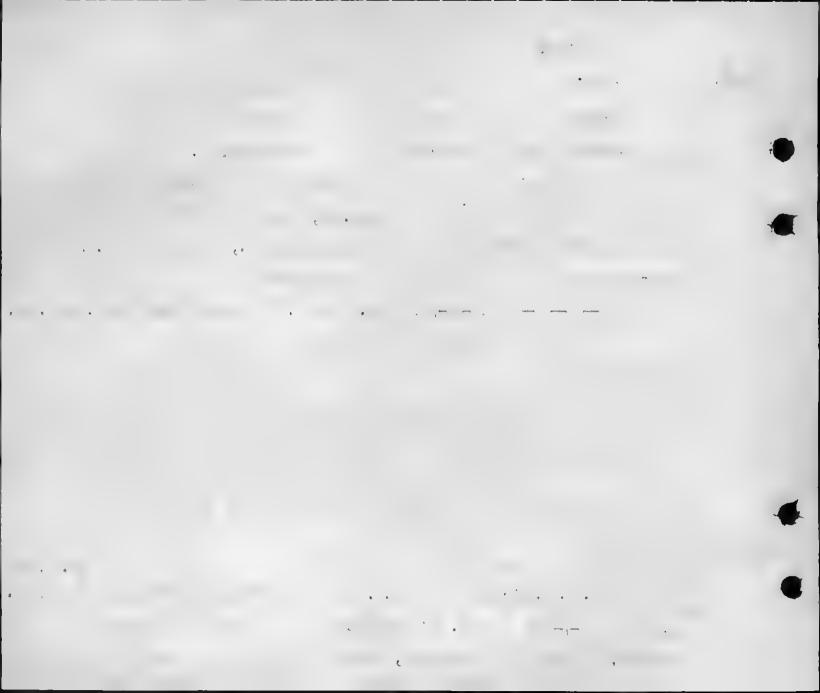
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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

ATTENDING PHYSICAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

CEDTIEIC ATE OF DEATH

05120

1, PLACE OF DEATH				2. USUAL RESIDE	NCE (HOME) OF D	ECEAS	ED	
COUNTY Freder	ick	MARY	LAND	state Maryla	and county	Was	hing	ton 4
CITY (If outside corporate in	limits, write RUR	AL LENGTH	OF STAY	CITY (if outside con	porate limits, write RURAL	end give n	perest town]	
OR and give nearest jown TOWNFrederic	k (Rur	al) 3 W	i plaça) 26KS	TOWN Sand	ly Hook			
HOSPITAL OR				STREET	(If rural gi	ve focatio	n)	
STREET ADDRESS MOTIO	cacy F	Iall Nursin	g Home	ADDRESS Main	Street		40	, Ju
3. NAME OF	(First)	(Middle)		(Lest)	4. DATE (Mo	nth)	(Day)	(Year)
(Type or Print) CA	RRIE	AMELIA	MI	RLEY	DEATH AL	ıg.	18,	1961
	OR 7.	SINGLE, MARRIED,	8. DATE C	F BIRTH	9. AGE last birthday		ER 1 YEAR	IF UNDER 24
Female White		(Specify) W1d OWED.	March	30, 1887	74 yrs.	Months	Days	Hours M
10e, USUAL OCCUPATION (Give	kind of work	10b. KIND OF BUSIN	ESS	11. BIRTHPLACE (State or for		1	12. CITIZE	N OF WHAT
retired) HOUSEWIII	G lile, aven il	Own Home		Sandy Hook	, Maryland		coun	SA'
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
Thomas Dun	n			Annie Le	e Phelps			
			ECURITY NO.					
(Yas, no, or unk.) (If Yes, give	war or datas of	sarylca)	COMMISSION OF	Box 220,	Knoxville	, Ma	aryla	nd
		NG TO DEATH	EDICAL CER				INTE	RVAL BETWEEN
		ING TO DEATH						
MAMEDIATE CAUS		T)	Laca mere					
· . // *		_	eumoni.	а				reek
ANTECEDENT CAUS	SE(S) DUE	TO					1 v	
ANTECEDENT CAUS	SE(S) DUE	Arterioso					1 v	reek
ANTECEDENT CAUS DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE	SE(S) DUE ANY, (B) CAUSE LAST, DUE	Arterioso Parkinson	lerosi	S			1 v	reek
ANTECEDENT CAUS DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA	SE(S) DUE ANY. (B) CAUSE LAST. DUE (C) ONS CONTRIBL ATED TO THE	Arterioso Parkinson	lerosi	S			1 v	reek rs.
ANTECEDENT CAUS DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSE	ANY, (B) CAUSE LAST, DUE (C) ONS CONTRIBU ATED TO THE USING DEATH.	Arterioso Parkinsor	lerosi	S			1 N	rs.
ANTECEDENT CAUS DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA	ANY, (B) CAUSE LAST, DUE (C) ONS CONTRIBU ATED TO THE USING DEATH.	Arterioso Parkinsor	lerosi	S			1 v 5 y 5 y	reek rs.
S. NAME OF DECEASED (First) (Middle) (Lest) DECEASED (Type or Print) CARRIE AMELIA MIRLEY DECEASED (Type or Print) CARRIE AMELIA MIRLEY S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, WARTH OF BUSINESS OR NOUSE TO SEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of sarvice) Thomas Dunn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of sarvice) NOTE TO DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) ANTECEDENT CAUSE LAST, UNDERLYING CAUSE CA	UK? (City or town)	{Cc	1 v 5 y 5 y	rs.				
ANTECEDENT CAUS DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUS 19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IF EITHER, NOTIFY MEDICAL EXAM	SE(S) DUE ANY, (B) CAUSE LAST, DUE LAST, (C) ONS CONTRIBL ATED TO THE SING DEATH, 19b. MA ING 1 21k DEATH OF	Arterioso TO Parkinson JING JOR FINDINGS OF OPERATION, PLACE (Home, farm, fac. INJURY street, office bldg.,	elerosi	S C C C C C C C C C C C C C C C C C C C		{Cc	1 v 5 y 5 y 20 YES	reek rs.
ANTECEDENT CAUS DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUS 196. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	SE(S) DUE ANY, (B) CAUSE LAST, DUE LAST, (C) ONS CONTRIBL ATED TO THE SING DEATH, 19b. MA ING 1 21k DEATH OF	Arterioso Parkinsor JOR FINDINGS OF OPERATION PLACE (Home, farm, fact INJURY street, office bldg., (Hour) 21a, INJURY OC While	elerosi L'S Dis ON ON CURRED Not while	s ease		{Cc	1 v 5 y 5 y 20 YES	reek rs.
ANTECEDENT CAUS DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM- 21d. TUME OF INJURY (Month)	SE(S) DUE ANY, (B) CAUSE LAST, OUE LAST, (C) ONS CONTRIBL ATED TO THE SING DEATH, 19b. MA 19b. MA DEATH OF MINER) (Dey) (Year)	Arterioso TO Parkinson JING JOR FINDINGS OF OPERATION PLACE [Home, farm, fact INJURY street, office bidg., (Hour) 21a, INJURY OC While M. at work	Clerosi S Dis ON ON CURRED Not white	S C S C C C C C C C C C C C C C C C C C	UR?		1 to 5 y 5 y 20 YES	rs. rs. Autorsyr No K (Stete)
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ANTECEDENT CAUS DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION 210. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. TIME OF INJURY (Month) 22. I hereby certify if alive on	SE(S) DUE ANY, (B) CAUSE LAST, DUE LAST, DUE (C) ONS CONTRIBL ATED TO THE ISING DEATH 19b. MA ING 22th DEATH MINER (Dey) (Year)	Arterioso Parkinson JOR FINDINGS OF OPERATION PLACE (Home, farm, fact INJURY street, office bidg., (Hour) 21a, INJURY OC Whila At work ed the deceased from	ON OURSED CURRED COURSED COUR	ease 216. WHERE DID INJURY OCC 216. HOW DID INJURY OCC 217. 19.59., to Atla	g. 18., 19.61 causes and on the	, that	1 W	reek rs. rs. Autopsyr No K (Stete)
ANTECEDENT CAUS DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. TIME OF INJURY (Month) 22. I hereby certify the	SE(S) DUE ANY, (B) CAUSE LAST, DUE LAST, DUE (C) ONS CONTRIBL ATED TO THE ISING DEATH 19b. MA ING 22th DEATH MINER (Dey) (Year)	Arterioso Parkinson JOR FINDINGS OF OPERATION PLACE (Home, farm, fact INJURY street, office bidg., (Hour) 21a, INJURY OC Whila At work ed the deceased from	CURRED L'S DIS	ease 216. WHERE DID INJURY OCC 216. HOW DID INJURY OCC 217. 19.59 to Au 2:15AM, from the m Spring Ao	UR?	, that	1 W	TS. AUTOPSY? NO X (Stete)
ANTECEDENT CAUS DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFF ETHER, NOTIFY MEDICAL EXAM 21d. TIME OF INJURY (Month) 22. I hereby certify the alive on All g SIGNATURE	SE(5) DUE ANY, (8) CAUSE LAST, DUE LAST, OU ONS CONTRIBIL SING DEATH, 19b. MA ING 1 21b DEATH OF MINIER) (Day) (Year)	Arterioso TO Parkinson TING JOR FINDINGS OF OPERATI D. PLACE (Home, farm, fact INJURY street, office bidg., (Hour) 21a, INJURY OC Whila M. at work ed the deceased from 61, and that deat	CURRED Not while at work and the occurred at M.D. Br	ease 21c. WHERE DID INJURY OCC 21f. HOW DID INJURY OCC 2.1.54M, from the m Spring Hounstvick.	causes and on the press (Street, city, tow	n, that date sta vn, stete)	1 M 5 y 5 y 7 YES Ounty) I last sav ited above	reek rs. rs. Autopsyr No K (Stete)
ANTECEDENT CAUS DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. TIME OF INJURY (Month) 22. I hereby certify the alive on AUG SIGNATURE 23. BURIAL, CREMATION, REMOVAL (SPECIFY)	SE(5) DUE ANY, (8) CAUSE LAST, DUE LAST, (C) ONS CONTRIBIL ATED TO THE ISING DEATH, ING 216 DEATH OF MINICR) (Day) (Year) DATE THE	Arterioso TO Parkinson JING JOR FINDINGS OF OPERATION PLACE (Home, farm, faction) PLACE (Home, farm, faction) (Hour) 21a, INJURY OF Mila at work ed the deceased from 61, and that deat REOF NAME OF MARKET R	CURRED Not work to the occurred at M.D. Br	ease 216. WHERE DID INJURY OCC 216. HOW DID INJURY OCC 217. 19.59, to Au 2:15AM, from the M Spring Ho Unswick, Md CREMATORY	causes and on the Causes and on the Causes and on the Causes (Street, city, tow LOCATION (City, tow	n, that date sta vn, state)	1 km 5 y 20 yes ounty)	reek rs. Autopsyr No K (Stete) w the decease. CATE SIGN (Stete
ANTECEDENT CAUS DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSE 19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. TIME OF INJURY (Month) 22. I hereby certify the alive onAUG SIGNATURE 23. BURIAL, CREMATION,	SE(S) DUE ANY, (B) CAUSE LAST. DUE LAST. (C) ONS CONTRIBIT ATED TO THE SING DEATH. 19b. MA ING 21k DEATH OF MINER) (Dey) (Year) DATE THE 8/21	Arterioso TO Parkinson JING JOR FINDINGS OF OPERATION PLACE (Home, farm, faction) PLACE (Home, farm, faction) (Hour) 21a, INJURY OF Mila at work ed the deceased from 61, and that deat REOF NAME OF MARKET R	CURRED Not while at work and the occurred at M.D. Br	ease 216. WHERE DID INJURY OCC 216. HOW DID INJURY OCC 217. 19.59, to Au 2:15AM, from the M Spring Ho Unswick, Md CREMATORY	causes and on the DRESS (Street, city, tow LOCATION (City, tow Sandy H	date starn, state)	1 Mary	rs. rs. Autopsy; No K (Stete) w the decease. Chart Sign (Siete



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edigission) 950 e. COUNTY les. ealth, MARYLAND b. CIT OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest to d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) a. IS RESIDENCE ON A FARM? mfained ne State B YES X NO NAME OF 4. DATE First Day Yeer eu. DECEASED the 1961 SEX COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (lif yeers | IF UNDER 1 YEAR, IF UNDER 24 HRS. 2 wit ₹ Jast birthday) Months Deys Hours Min. and and 77 10a JSUAL OCCUPATION (Giva kind of work 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if related) pages i 13. FATHÉR'S NAME ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORM (Yes, no, or unkown) (lifyesgivewerordatesofservice) Keymar RD 220 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c) INTERVAL BETWEEN along transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Office burial-t DUE TO sons of vertilene Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 🏋 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING CAUSE OF DEATH. 20c. THE OF INJURY 1 20d. INJURY OCCURRED a 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Yeer fectory, streat, offica bldg., etc.) Whila Not While Keymar R& 19 forwarded to the et work al work prior Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry | and in my opinion Accident X Natural causes Suicide Undetermined manner death resulted from. Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED ease exemple : SIGNATURE PUNERAL. NAME (Typa) Address (Street, city, town, or county) DEP 228. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) ь 40 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME '61 5M 7/59

AND STATE DEPARTMENT OF HEALTH



Aller this

INSTRUCTIONS

The Article of Sicilar OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after certificate has been executed by the attending physician and completely filled in by the funeral director, the filled death certificate assembly should be detached for use as a burial transit permit.

YJ Y

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF 9131 DEATH

00122 Reg. Dist. No.....

II PRACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY FIREDERICK MARYLAND	STATEMARYLANDCOUNTY FREDER	101
CITY (il-bulside corporate fimits, write RURAL LENGTH OF STAY OR and give merest lown) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest lown)	
OR and give necrest Jown) TOWN . W/OODS BORO VEARS	TOWN - A - A	
HOSPITAC OR	STREET (if rural give focation)	
INSTITUTION OR STREET ADDRESS	ADDRESS (II Tural give roceilon)	
/		
3. NAME OF (first) (Middle) DECEASED	(Last) 4. DATE (Month) (Day)	(Yaar)
(Type or Print) AMY REBECCA	OWELL DEATH AUGUSTO	20/1
5. SEX 6. COLOR OR 7. SNGLE, MARRIED, 8. DA'		NOER 24 HRS.
FEMALE WHITE SPETTO OW JUL	2 4 8 - 1876 85 yrs, Months Days H	lours Min.
10a. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	100167
done during most of working life, even # OR INDUSTRY	COUNTRY)	
HOUSEWIFE AT HOME	MARYLAND U.S.A	<i>I</i> .
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JOHN WILLIAM GRAMER REBECCA SPAHR		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	. 17. INFORMANT & ADDRESS	
(Yes, ne, prunk.) (If Yes, give wer or dales of service)	1100 -11 W	1.
NO NO NONE	L.C. POWELL NOOMSBORO	10_
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL ONSET A	ND DEATH
4 AMMEDIATE CAUSE (A) BANDON CON	4/	
Territorial Cross	4,7	11114
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE		· ·
STATING UNDERLYING CAUSE LAST. DUE TO	Le sa relation to	<i>d</i> 2
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	- impa)	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		
	20. AU YES	NO 🗐
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory,		(Stata)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	(coan))	(010)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
M. et work al work		
22. I hereby certify that I attended the deceased from 19.50, to 23.1, 19.0, that I last saw the deceased		
that I allered the deceased from the deceased from the deceased		
alive on 33 344, 19 6, and that deeth occurred at 45 P.M. from the causes and on the date stated above.		
SIGNATURE (Streat, city, town, slata) DATE SIGNED		
years from m.o.	Nucheminica mil 8/27	1 3
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY		(State)
BURIAL 8/26/6/ MT HODE (IEM WOLLERORO MA)		
24. REC'D BY SEGISTRAR'S SIGNATURE 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
4 19 2 9 61 Orthur & France	W. 11 b/ fol 11/	hi
DATE	Nowell Tranvels VOODSBOR	-0/4L

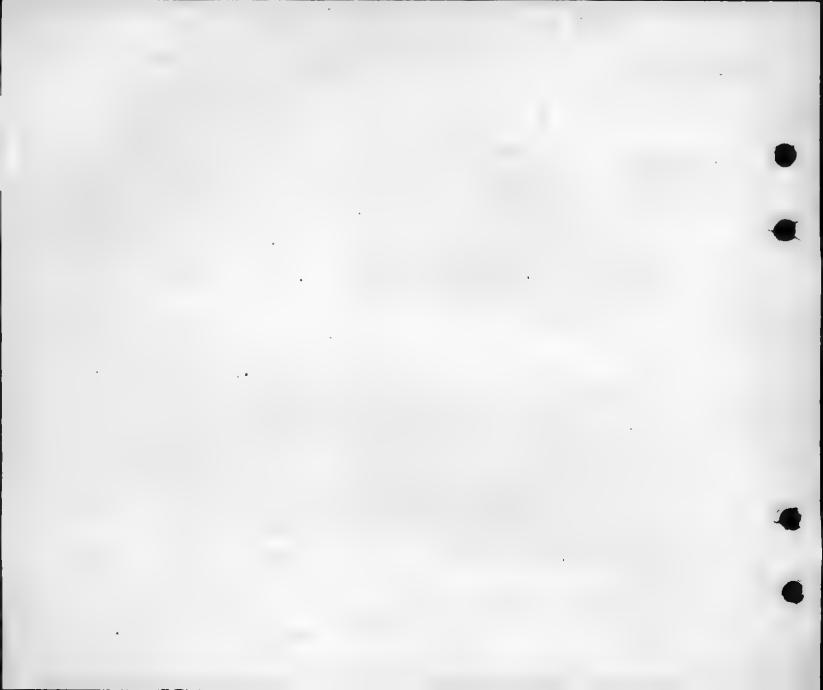


VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03123

	T-1			0/22//	
	PLACE OF DEATH O. COUNTY	em-2Irom-01	USUAL RESIDENCE (Where	deceased fived ismulion.	Residence before admission)
)	Frederick	MARYLAND	Maryl	and	Carroll /
	b. CiTY OR TOWN (If outside corporate timits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide comprote limits, write RUR	AL and give nearest town)
	Frederick		Woodbin	ie ,	
	d. NAME OF HOSP TAL, (If not in hospitol, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Frederick Memor	10/	Rt. #	<u> </u>	YES NO
	3. NAME OF First	Middle	Lost 4	DATE Month	Day Year
	(Type or print) //anda/	Ph	17256	DEATH Augu	est 25 1961
	5 SEX NOTE 6. COLOR OR RACE 7 MARR	RIED NEVER MARRIED B.	DATE OF BIRTH		Manths Days Hours Min
	1300 While WIDOW!		8-7-61	r yrs.	18
	10a USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
			MAR	IAND	
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	AE .	
	CLAUDE POBORI	t Rash	Carol E	IFIE DOR	SEV
1	15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO 17 INFO	RMANT	Address	. /
/	18 CAUSE OF DEATH [Enter only one couse per lis	ne for (o), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Intestinal obs	truction pe	exitorities	Several days
	DUE TO		7,0		Consenital
	Canditions, if ony, which) (b) I	mperforate An	uc Domohala	100	Deformities
	gave rise to immediate DUE TO		, , , , , , , , , , , , , , , , , , ,		
	lying couse last (c)				
		CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	Absence of right Kla	lucy, Malrotatic	n of intestinus,		YES NO
		CRIBE HOW INJURY OCCURRED	(Enter nature of injury in Par	t 1 or Port II of item 1B)	
1					
	20c TIME OF INJURY Manth, Day Year 20d II		E OF INJURY (Home, form	20f (City or town)	(County) (State)
	20c TIME OF INJURY Manth, Day Year 20d II Hour o.m. 19 While p.m. 19	TADL AUTO	ry, street, affice bldg., etc.)		
	21 1 certify that (I) (this hospital) attend	led the deceased from	aus 14 106	1 in acco 25	, 1941, that (I) (we) last
					an the date stated above.
	22o. S.GNATURE				22b DATE
	UTS Creeke	LEO M.	D PHYS MED	CTOR PHYS	8/25/6/SIGNED
	22c. PHYS: CIAN'S NAME (Type)		22d ADDRESS	2 11	
	DR. W. B CU	Well	1-11-17	iry ma.	
	230. BUR AL, CREMATION 236. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY 23	3d LOCATION (City, town or	county) (State)
	REMOVAL (Specify) Cremation 8/26/61	Frederick Memo	rial Hospital	Frederick.	Md.
	24 FLINERAL DIRECTOR'S SIGNATURE	ADDRESS		Y REGISTRAR 256 REGISTI	RAR'S SIGNATURE
	J. Dar - Grungtick		DATE	an	thur S. Kraup



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission a COUNTY Frederick o STATE b. COUNTY Files. Heolth, Maryland Frederick MARYLAND b CITY OR TOWN of auture servorale units, write 818A). C LENGTH OF STAY IN 1h C. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) Thurmont w. 30 Vr. Thurmont d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RE (DEAK) ON A EAR, SZ Lombard St. Viller House YES TO NO NAME OF DATE Month DECEASED Dallas Currens Reid DEATH August 10 61 (Type or print) 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years IF LINDER TYPARI IF UNDER 24 HOS los buthelay) white Months male WIDOWED [DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. B.& O. Railroad Maryland 13. FATHER'S NAME M MOTHER'S MAIDEN NAME Milton D. Reid Margaret Currens 15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16 SOCIAL SECURITY NO Arldran (Yes, na, er urinown) Katherine G. Reid Thurmont. Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) NTERVAL BETWITCH PART I. DEATH WAS CAUSED BY: Min-Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (a) sloting the underlying couse lost. PART H. OTHER SIGNIFICANT COND.TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? NOX 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. v 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while n. m. of work of work 21 I certify that I taak charge of the remains described above, held on Autapsy . Inspection . Inquiry ond in my CTOR: opinion death resulted fram: Natural causes XX. Accident . Suicide ., Homicide ., Undetermined monner DATE SIGNED **ACTUAL** should be ASSISTANT MEDICAL EXAMINER [7] B.O. Thomas DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION 1226 DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 8-11-61 Blue Ridge Cemetery Burial Md. Fred. **ADDRESS** 246. REG STRAR'S SIGNATURE PURERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR A15MF An Thurmont. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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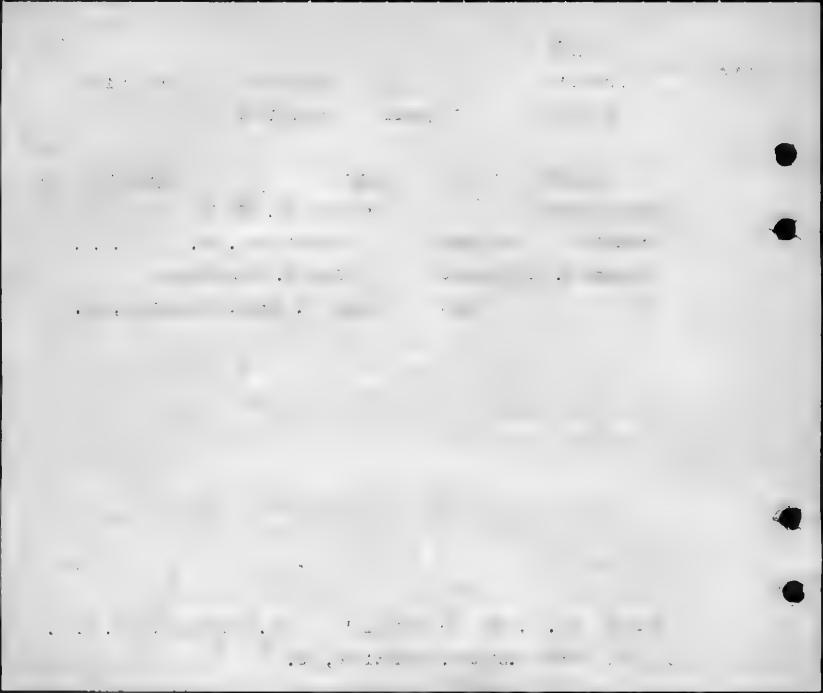
					0.1.0.3							()	TAN
- M				ACE OF DEATH				2 USUAL RESIDI	ENCE (Where	e deceased lived.	If institution Re	sidence before	e admission)
Ĕ/	N A	۱.		FRE	DERICK		MARYLAND	171	PRYLM	7/10		1ARR	024
) ۾		Н	Ь	CITY OR TOWN (RURAL and give n	If outside corporate limits, earest town)		OF STAY IN 16			ide carporate lim		and give near	rest lown)
go ld		´ -	d	PREDER	ICT TAL (If not in hospital, giv		DAYS	d. STREET AD	VION	BRIL	OGE	//	URA L
2 35	,		U.	OR INSTITUTION		OSPITAL			ARK	HI	44 0	XX	ON A FARM?
Dug O		13	N	AME OF	First	03/1///	Middle	lost	4	. DATE	Month	Day	
es a				ECEASED ype or print)	CHARLES	H		SHAFFE	ER.	OF DEATH	AUC	3	196/
2 6	3		S. SE	X	6 COLOR OR RACE 7	MARRIED NEV	ER MARRIED 📑	8. DATE OF BIRTH	100	9 AGE		NDER 1 YEAR	Hours Min
office	5		_	///		VIDOWED 🔲	DIVORCED	JAN 7-	188	7 7	7 yrs.		
Delegation of	3	١,			ON (Give kind of work do king life, even if retired)	0 -		2001		foreign country)]1	2 CITIZEN OF	WHAT COUNTRY?
30 1	1	-	3 E	E /Y (+ / /Y	EEK	KAILRO	HD	14 MOTHER'S		A E		43	//
1	(T	-7	J. 1.	Trul	CHAR	F F B		SARA		LUNKI	VASUN)		
direct di		-			R IN U. S. ARMED FORCE		URITY NO. 17	INFORMANT	///	(ann)	Address		RURAL
account mithin			(Yes,	no. or unknown)	(If yes, give wor or dates of serv	716-12	-3711 1	BERTHA	SHAL	FFFR	UNI	ON R	PIDGE
2		F	Ţ	8 CAUSE OF DE	ATH (Enter only one cous	e per line for (o), (b), ond (c)]		32/1:11	/		INTE	RVAL BETWEEN
			-	PART I. DEA	ATH WAS CAUSED BY IMMEDIATE CAUSE (6)	CERE	BRO V	ASCULAR	· Acc.	PENT		ONS	et and death
7	5		-	231	X DUE TO			4					
100			-	Conditions if a		GANI	RALIZ	ED ART	ERIOS	CLERO-	5/3	15	YVE
. 6			-	gove rise to i	the under-								
č	5		\mathbf{z}	lying couse lost.	(c)_ HER SIGNIFICANT CONDI	TIONS CONTRIBUTION	IG TO DEATH BE	IT NOT PELATED TO	THE TERMINI	N DISEASE CONF	NTION GIVEN IN	A PART 1(a) 19	YZGOTUA ZAW
4			CATION	TARCE, OF	HER SIGNALICATES CONTO	HONS CONTRIBUTE	TO DEATH BO	THO RELATED TO	(HE JERMA)	AL DISEASE COINE	MON SIVER	17 / (0)	PERFORMED?
0000	2			00 ACCIDENT W	AS JINDERLYING [] 2	06 DESCRIBE HOW	INJURY OCCURE	ED. (Enter noture of	injury in Por	rt I or Port II of iI	em 18.)	I	
-	j Š		CERTIFI	IF EITHER, NOTIFY	AS JNDERLYING 1 2 CAUSE OF DEATH (MEDICAL EXAMINER)								
himi			WEDICAL	Oc T ME OF INJUI	RY Month, Doy, Year			LACE OF INJURY (Hoctory, street, office	lome, form,	20f. (City or tow	n)	(County)	(Stole)
5	2		MEC	p. m.	19	While Not wi	1116		i i				
				21. I certify the	at (I) (this haspital)				. 126				at (1) (we) last
411			- 1-		sed alive on \$\mathcal{B}_{\tau}	19 19 1	/. and that	death accurred	at 2 11	1, from the c	ouses and a	n the date	stated above.
Land An				220 SIGNATURE	Whard C.	Koun	wells	M D. PHYS	MED DIRE	CTOR D STA	FF C		225. DATE SIGNED
-				22c- PHYSICIAN'S NAME (Type)	***	, ,	,	22d. ADDRES					<u> </u>
Dane				Time (1)pe)	KICHARD	C. RI	EYNOLD	SFR	EDE	RICK		171)
100	5			BUR AL, CREMATIC	DN. 236 DATE THEREOF	23c NAM	E OF CEMETERY	OR CREMATORY	2:	3d LOCATION (C	ity, town, or co.	unty)	(State)
4	<u> </u>	-		BURIT	L AUG 7-1	961 177	ZION	1	05- 5-515	FREEL	2Sb. REGISTRAI	D'C CICNIATUR	1110
			4. F	UNERAL DIRECTOR	E LA C	ADDRI	1000	. /		BY REGISTRAR		4	
			K	N MUZ	12/1/2/126	na carre	11 11 11 11 11 11 11 11 11 11 11 11 11	11101	P想G 8	'61	a thun &	Traus	

d within 24 offer death. Page 4

■HYEICIAN: The law requires that the death mertificate be ex-

TO HOSPI OR ATTEN VR AT





s after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

9136	CERTIFICA	TE OF DEATH	09127
o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived o STATE Maryland	If institution: Residence before admission) b. COUNTY ALLEG hany
b, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate la	nits, write RURAL and give nearest town)
Frederick	11 days	Cumberland	le. IS RESIDEN
d. NAME OF HOSPITAL (If not in hospital, give street	gaaress;	d. STREET ADDRESS	e. 15 KESIDEN

	Į į	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside con	porote limits, write RURAL	and give nearest town)
		Frederick	11 days	Cumberland		, ,
	- 4	I. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS		e. IS RESIDENCE
		Frederick Memorial Host	d+al	19 Prospect S	quare	ON A FARM? YES NO TY
	2					
	1 1	DECEASED / Jane		mith Lost 4. DATI		4 100
	\vdash	Type or print fr fund	Hazelton (Jen on	Mag	NDER 1 YEAR IF UNDER 24 HR
	5. \$		RRIED NEVER MARRIED	B. DATE OF BIRTH	last birthdayl Man	1 - 1 - 7
		Ciliate Interes	VED 🔀 DIVORCED 🗌	December 28,1878		
	100	JSUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign	i country) 12	CITIZEN OF WHAT COUNTRY
	1	Housewife	At Home	Washington.D.C		U.S.A.
	13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		George D.De Shields		Jane Hazelton		
		WAS DECEASEDEVER IN U. S. ARMED FORCES? 1	S. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
		, no, or unknown) (If yes, give wor or dates of service) NO	None Wi	lliam A.Gunter,7	Washington St	t.Cumberland.M
	i	IB. CAUSE OF DEATH Enter only one couse per	line for (a) (b) and (c).)			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY	F 1/	17-00		ONSET AND DEATH
		IMMEDIATE CAUSE (o)	nges we yes	ur yours	7	- weeks
		DUE TO	1 + 1	ut Failure voter Heart &	0	
		Conditions, if any, which (b) (b)	remopeles	our Verra	useen	
		cause (a), stating the under-				
		lying couse lost. (c)				
	ATION	PART II. OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN	PART I(o) 19. WAS AUTOPS) PERFORMED?
	CAT					YES NO
į	TIF	200. ACCIDENT WAS UNDERLYING 206. D	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or I	Port II of item 1B.)	
	CERTI	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	EDICAL	20c. TIME OF INJURY Month, Doy Year 20d	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or lown)	(County) (Stote
	MEDI	Hour o.m. 19 of w	le Not while fo	ctory, street, office bldg., etc.)		
	~	F		March roll	Gen. 17	10/-/ 10/-
		21 1 certify that (1) (this hospital) atte	nded the deceosed from,	Mua 6 , 1961 . to	Sally	19_ 6 2 that (I) (we) to:

в							
	20c. TIME OF INJURY	Month,	Doy Year	20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home,		(County)
ı	Hour o.m.			While Not while	foctory, street, office bldg.,	elc.)	
ı	p. m.		19	ot work at work			
ı	or 1 contifer that	/IV felsio	lamana (h	attended the deceosed	From (due la	10/1 malene	1.7, 19.62/. that (I) (we
4	21 I cerury mai	(i) (inis	uosbhen)	attended the deceased	110111,52 938542_122	TRUCK TO BELIEVE !	" " 12-16 [17-162] " IIIOI [1] [WC

27 1 certify that (I) (this hospital) attended	I the deceosed from LC	uq.6	126/ . to 6	selfer from	19_62_(, that (1) ((we) lo
saw the deceased alive on Ward 17						
220 SIGNATURE			/		27	DATE
M. M. Jears	e M.D	ATTENDING PHYS	MED DIRECTOR [STAFF PHYS	8/17/	la l

22c PHYS CIAN S NAME (Type) A.A. Pearre .M.D.

23d. LOCATION (City, Igwn, or county) 23c. NAME OF CEMETERY OR CREMATORY

(State)

Burial (Specify) 236 DATE THEREOF 8/19/61 Rose Hill Cemetery Cumberland, Maryland
250 REGISTRAS 256. REGISTRAS SIGNATURE 24 FUNERAL WESCHESS ADDRESS AD arthur S. Kraus

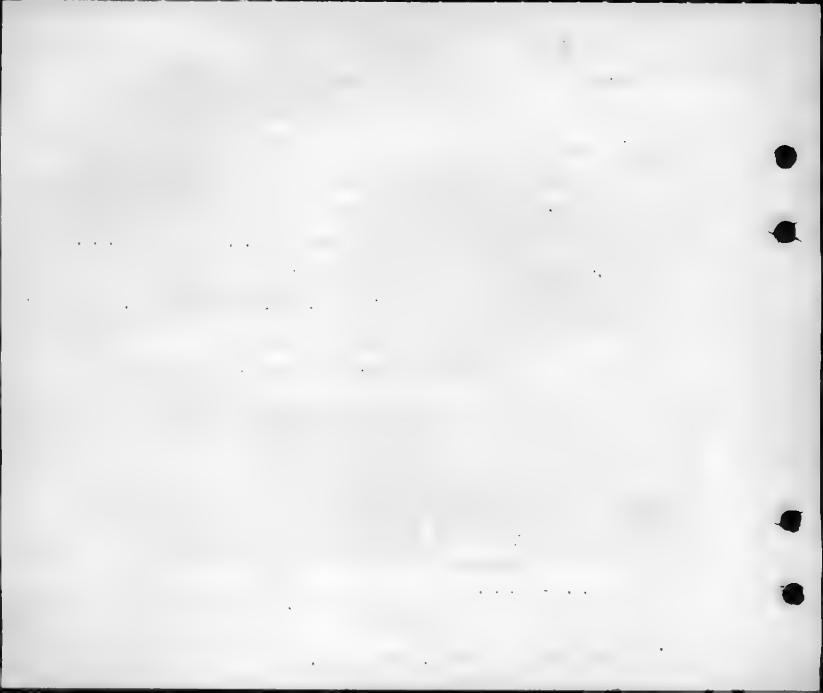
22d. ADDRESS

by the funeral should be Pages I and ompletely filled event within 72 hours after death physician may be retained by the haspital ar ottending physician.

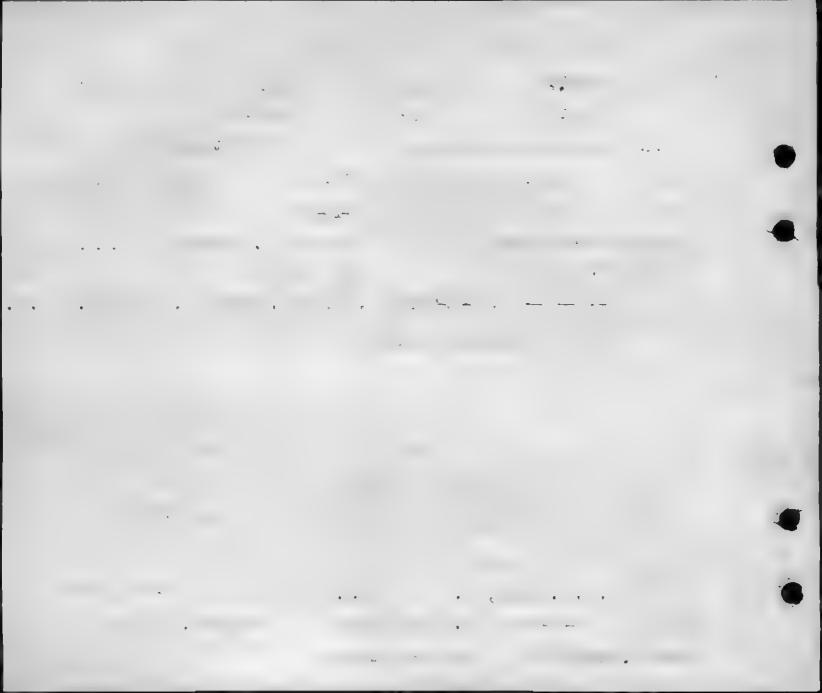
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 shauld be detached for use as the burial-transit permit. Then please re the State Board of Health prior to burial, crematian, ar remaval, and in any every

requires that the death certificate be

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) e. COUNTY death. If a slay is necessary, and 3 to the funeral director. Page Health, a. STATE **I. COUNTY** Frederick MARYLAND Frederick b. CITY OR TOWN (if outs de corporate limits. c. CITY OR TOWN (If outside corporele limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 for your Board of I write RURAL and give necrest town) Frederick Frederick vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET AGORESS . IS RESIDENCE ON A FARM? retain∎d he State B 27 East Patrick Street D.O.A. Frederick Memorial Hospital YES NO C NAME OF DECEASED 节 (Type or print) Russell William Smith DEATH August 19 61 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. ge 5 may band 2 with 72 hours a last birthdey) Months | and Oays | Hours Male WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even If refined) pages 1 within 7 Furniture Store Employee Frederick Co., Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Franklin Mary Krantz form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) (Hyesgive war or deles of service) Mrs. Mildred S. Smith 27 E. Patrick St. Fred. Mi. 18. CAUSE OF DEATH [Enter only one cause per are for (e), (b), end (c).] INTERVAL BETWEEN alougy transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Coronary Thrombosis IMMEDIATE CAUSE (e) Office burial-**DUE TO** Conditions, it any, which geve rise to immadiate cause DUE TO ease execut the certificate, writing the word "gralling should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as its designated agent, prior to burial, cremation, or re (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Pert I or Pert II of item 18.) 200. EXTERNAL CAJSE WAS PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. | 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Oey, Yaer (County) (State) fectory, street, office bldg., etc.1 Not While Hour a.m. While at work at work 2). I certify that I took charge of the remains described above, held an Autopsy . Inspection 1. Inquiry and in my opinion Natural couses X. Suicide Undetermined manner death resulted from: Accident Homicide 1 CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE / DEPUTY MEDICAL EXAMINER EXAMINER'S August 24. 1961 NAME (Type) Dr. B. O. Thomas, Sr. M. D. Address (Street, city, town, or county) 226. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) Frederick, Maryland Mt. Olivet Cometery 0 ₫40 ö Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE SUNERAL DIRECTOR ADORESS VS. ATSME MG 2 9 '61 arthur & House Frederick. Maryland 5M 7/59



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 ${\bf v}_{n,j}(t)$

24 FUNERAL DIRECTOR'S SIGNATURE No. R. Etchison & Son, Frederick, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH 0120

		3799	QER III IQ		VI DAA.				115	1 41
1.	PLACE OF DEATH			2,	USUAL RESIDE	NCE (Who	ere deceased	I ved, If institu	ilon. Ras deno	e before admissio
	Ered	erick.	MARYLA	ND	e. STATE Mary	rland		b. COUNTY	rederi	ck
	b. CITY OR TOWN (.	fouts da corporete limits,	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN	V (If outside	corporata lin	nits, write RUR	AL end give r	rearest fown)
	Frederick	give neerest town)	Years		Free	derick	2			
	d NAME OF HOSPIT	AL OR INSTITUTION (IF	not in hospital, give streat address)		d. STREET ADDRES	55				. IS RESIDENCE
	232 East S	ixth Street			232	East	Sixth	Street		YES NO
3.	NAME OF DECEASED	First	Middle		Last	4. DA		Month	Day	Year
	(Type or print)	FREDER	ICK GILMORE	TYE	RYAR.		ATH	Aug	ust 3	1, 1961
5.	SEX	14 60100 000000	MARRIED X NEVER MARRIED	7 8. D.	ATE OF BIRTH	-		In years IF U	NDER 1 YEAR	F UNDER 24 HR
	Male	White	WIDOWED DIVORCED	9	Feb 1892		69°	yrs. Mor	nths Days	Hours Min.
10	. USUAL OCCUPATI	ON (Give k'nd of work	106. KIND OF BUSINESS OR INC	DUSTRY	1 BIRTHPLACE (Co	anty & Stel	te, or foreign	country) [1	2. CITIZEN O	F WHAT COUNTR
	Self-empl	rking life, even if retired) oyed	Custom Work	1	Pearl,	Md.	_		USA	
13.	FATHER'S NAME	1		14	MOTHER'S MAIDE	EN NAME	. –			
	Rudolph T	yeryar		1	Alice Phe	elps				
15.	WAS DECEASED EVE	R IN U S. ARMED FORCE	57 116, SOCIAL SECURITY NO.	17. INF	THAME			Address		
	No	yes give wer or deles of ser	219-05-2815	Mrs.	Alice Sta	lev.	RD#3.	Freder	ick. M	d.
		EATH (Enter only one c	ausa per ine for (e), (b), end (c).]				,,,,,		INT	FRVAL BETWEEN
	PART I, DEATH	WAS CAUSED BY:	Cerebra	1 /	nernor	ha	90		6	WEEKE
	Conditions, if any	J 2								
	geve rise to Immedia	ete ceuse	0.1) .		1	1			/
	(a), stating the ur	nderly.ng DJE TO	Cholecus	+17	15 6	ten	U		1	weep
Z	PART II. OTHER	SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BE	UT NOT R	LATED TO THE TER	MINAL DISE	ASE CONDIT	ION GIVEN IN	PART fleri	P. WAS AUTOPS
ATIO										PERFORMED?
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ROB. DESCRIBE HOW INJURY OCC	CURED (Er	ter neture of intury	in Pert 1 or	Pert II of item	18 ;		
MEDICAL	20c. TIME OF INJUI	RY Month, Dey, Year	20d. INJURY OCCURRED 20d While Not While et work et work		OF INJURY (Homa, fi street, office bldg.,		(City or tow	n)	(County)	(State)
	21. I certify #	hat (I) (this hospita) attended the deceased in	rom V	will !	195	70 Au	431	196/1	hat (I) (we) li
	saw the deceas	61 A			ath occured at	40R	from the	causes and		
	228 SIGNATURE		100	1					n - make	22b. DATE
	22c PHYSICIAN'S	nardl.	Humay	2MO.	PHYS. X	MED. DIRECTO	R PHY		2 Se	pt 1961
	NAME (Type)	Bernard 0.	Thomas, Jr., M.	D.	228 N. Ma	arket	St., I	rederi	ck, Md	•
23		ON, 23b. DATE THERE		TERY OR	CREMATORY	23d.	LOCATION	(City, town or	county)	(Stelle)
	REMOVAL (Specify)	9-4-61	Mount Olive	_				ck, Md.		

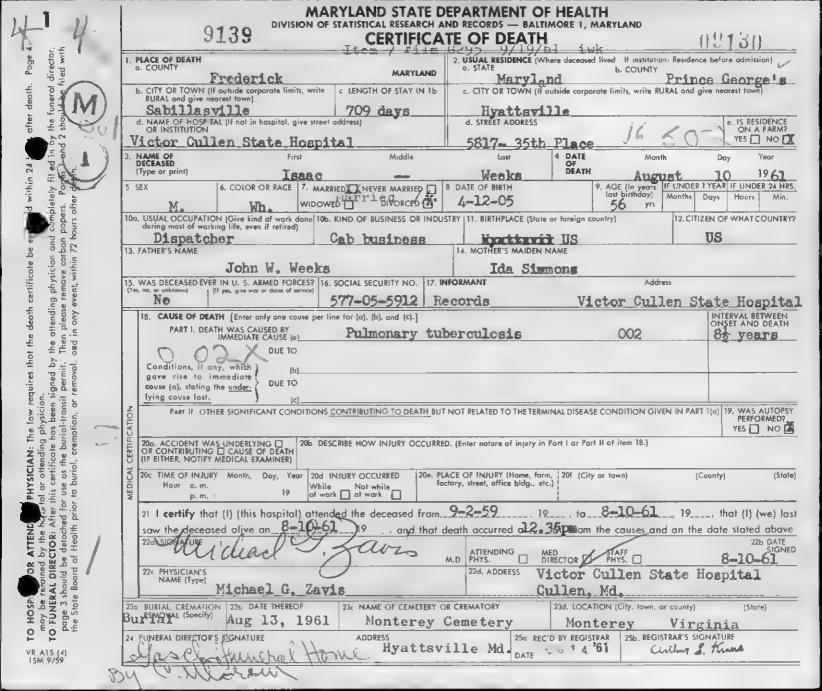
25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Orthug S. Krous

DATE SEP 5

TO HOS VR A15 (4) 15M 9/60







DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9140 CERTIFICATE OF DEATH bluods PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Frederick Maryland Frederick the d Z MARYLAND and b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Š writa RURAL and give neerest town) Knexville Knexville . = filled ii d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? New Addition New Addition YES NO 1 completely 3. NAME OF Middle DATE Day Yaar 72 DECEASED (Type or print) Wd. III d man Reberry Winstead 19 67 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and last birthdey) Months Days Male Waite WIDOWED [DIVORCED physician IDa, USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) remove 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Retired B.&.O.R.R.Steam Engineer North Carolina U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME piease .5 William R.Winstead Olivia King affending and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address oval. (Yas, no, or unkown) | [Ifyesgive war or dates of sarvice] Robert M. Winstead, Martinsburg, W. Va. 18. CAUSE OF DEATH [Enter only one causa per line for the (b) and (c) INTERVAL BETWEEN rebrown I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gava risa to immadiata ceusa DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO I 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 208. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH After 20c. TIME OF INJURY Month, Day, Yaar 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 1 2Df. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. al work at work D.m. DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from... pluods , and that death occured M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING STAFF 3 DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) J.G.F.Smith Brungwick. Maryland filed, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DAJE REMOVAL (Specify) 0 5 2 9 Rockey Mount North Pine View 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Brunswick, Maryland DATE AUG 7 arthur & Kinus 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

0110 ------ Fire Bank ard#1551/as Transfer Lath Consent J.J. Tun Tun anticeta tem walked net in a relies hastedning walfill Here is in the second Dustread, Maturante Li e de ser e Taxones Berthall States of the States

naing physician and completely filled in by the funeral pesservemove carbon papers. Pages 1 and 2 should and in an event, within 72 hours after dearth. vithin 24 hours after

TO HO IAL OR A MINING PHYSICIAN: The law requires that the death cert is be executed death. Tage 4 may be sained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please move carbon papers.

be filed with the State Dept. of Health prior to burial, cremation, or removal, and in an event, within 72 hours.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF THE DEPARTMENT OF T

1. PLACE OF DEATH	derick		MARYLAND	n STATE	NCE (Where deceased lived b. Co	If institution, Residence PUNTY Frederic			
b. CITY OR TOWN (write RURAL and Frederick	if outside corporete limit give neerest town)	its,	Since 6/61		(If outside corporate limits,	write RURAL end give n	neerest town)		
			spitel, give street eddress)	d. STREET ADDRE			IS RESIDENCE ON A FARM?		
3. NAME OF DECEASED	First		Middle	Last	OF	onth Day	Yes NO X		
(Type or print) 5. SEX	LETT	a man man	IRENE D NEVER MARRIED X	B. DATE OF BIRTH		. I comment of the same of the	1961. IF UNDER 24 HRS.		
Female	White	WIDOWE	DIVORCED	31 Dec 1881	79 yr	h. Monning Days	Hours Min,		
done during most of we House-W	rking life, even if retire	ed)	At Home	Jefferso		USA	F WHAT COUNTRY?		
13. FATHER'S NAME	3 Was			14. MOTHER'S MAID					
15. WAS DECEASED EV	C. Wise	PCES2 116	SOCIAL SECURITY NO. 17.	ALVETTA	Sparrow				
(Yes, po, or unkown) (I	fyesgive wer or deles of s	service)			. Mehrling, Fr	C"E. Patric rederick. M	k St.,		
Conditions, if one gave rise to immed (a), stelling the uceuse lest. PART II. OTHER OR CONTRIBUTING (IF EITHER, NOTIFY	DUE TO CE R SIGNIFICANT CONDI AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	TIONS CON	NTRIBUTING TO DEATH BUT IN COLUMN	NOT RELATED TO THE TER TURE SE ED. (Enter nature of injury)	MINAL DISEASE CONDITION Lass S In Port I or Port II of item IB.) arm, 20f. (City or town)	STURASELS			
20c. TIME OF INJL Hour a.m. p.m.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While et work et work et work								
saw the deceas	21. I certify that (I) (this hospital) attended the deceased from 1901, to 8/24, 1901, that (I) (we) last saw the deceased alive on 1901, and that death occurred at 7. PM, from the cases and on the date stated above.								
22c. PHYSICTAN'S NAME (Type	C. J. Drice M			ATTENDING MED. STAFF PHYS. 31 Aug 1961 22b. DATE SIGNED 22b. DATE 31 Aug 1961 22b. DATE 31 Aug 1961 22b. DATE 31 Aug 1961					
23e. BURIAL, CREMATI REMOVAL (Specify) Burial	ON, 23b. DATE THE	REOF	Lutheran Cer	Y OR CREMATORY	Jefferson,		(Stete)		
24 FUNERAL DIRECTOR M. R. Etc	es signature chison & So	n, Fr	ADDRESS ederick, Mary	land	SEP 5 61	REGISTRAR'S SIGNAT			

4 1 20190-04 alla Canony I. onall makes a Link besteroom. for the strains and the second of the second o . de la laser . Me The property of the contract of Amiron provided, the control of the dentagrado completado de representa de la completa del la completa de la completa del la completa de la completa del la completa de la completa de la completa de la completa de la completa del la c And the state of t